

Louisville Metro

Addressing Street Homelessness

2019-20 Initiatives

Evaluation

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Susan Buchino, PhD, OTR/L

Department of Health Promotion and Behavioral Sciences

Lora Haynes, PhD

Department of Psychological and Brain Sciences

Kelly Kinahan, PhD

Department of Urban and Public Affairs

Mark R. Long

Department of Urban and Public Affairs

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Executive Summary

This report evaluates the nine agencies and services that received funding (\$1 million) through Louisville Metro Council for fiscal year 2020 as part of a continued initiative to reduce unsheltered homelessness. The overarching goals of the initiative include providing a seamless continuum of care, dissipating barriers to both services and housing, and mitigating underlying issues that lead to homelessness. Key findings from this analysis include (1) improved collaboration and coordination between homeless service providers and (2) expanded access and services for those experiencing homelessness to move from unsheltered to shelter, and from homelessness to housing.

A city-wide problem cannot be solved without city-wide collaboration, and one recognizable gap identified through past analysis was the lack of coordination between groups who support and serve the unhoused population. This initiative has made substantial progress to improve collaboration between service providers. Specifically, monthly meetings have established an unprecedented level of communication between city government and homeless service providers. The meetings served as formal vehicles for collaboration and increased systemic efficiency as communication was more consistent and uniform. As the COVID-19 pandemic took hold, the presence of this existing infrastructure for collaboration allowed service providers to quickly coordinate efforts and share resources, including personal protective equipment. These meetings have also presented opportunities to both recognize and resolve some of the systemic barriers, improving the pace at which individuals and families move from homelessness to permanent housing. Meetings and collaboration have helped staff teams across service providers be more connected and more effective, reflecting a shift towards a community of providers rather than siloed within their own agency.

This funding has provided additional opportunities to assist those experiencing homelessness to move from unsheltered to shelter, and from homelessness to housing. The work of these programs has enhanced Louisville's system of service, ultimately improving the ability of individuals and families to move out of encampments and places not meant for human habitation, and into emergency shelter or permanent housing. The services have aided clients to achieve access to resources and greater stability. Many of the funded services are designed to reduce the barriers to housing rather than provide housing counseling, thus it is difficult to offer evidence of direct links from use of a specific service to a move into housing.

While these incremental improvements are critical for supporting the unhoused population, larger systemic issues including poverty, lack of affordable housing, loss of housing through eviction, and drug and alcohol addiction continue to create a climate of instability and vulnerability, particularly for people marginalized by racism, inequality, and other forms of discrimination.

Introduction and Conceptual Framework

Grant Purpose and Scope

In early 2019, Louisville Metro Council allocated \$500,000 to homeless services to attend to the increasing numbers of residents seen living without shelter. It also commissioned a research team to make recommendations for further action. The research team authored a report, *Solving Street Homelessness in Louisville, KY: Improving the Climate of Care for Individuals Experiencing Homelessness*,ⁱ which explored best practices and described Louisville's current status, followed by eight substantial recommendations for consideration. Louisville Metro Council again allocated funds for service expansion, amounting to \$1 million for Fiscal Year 2020, which was administrated by the Office of Resilience and Community Services (RCS). In an effort to meet some of the recommendations for improvement within Louisville's Continuum of Care (CoC), nine agencies were selected to receive this funding for services:

- The Healing Place: Twenty-four beds were designated for men seeking overnight emergency shelter, expanding the agency's capacity to serve this population (from December 2019 through March 2020) to a total of 48 beds.
- Legal Aid Society: As a part of Project HELP (Homeless Experience Legal Protection), Legal Aid lawyers engaged in outreach both in shelters and in camps, and participated in care coordination with other providers, which included making recommendations on what may qualify as legal issues as barriers to housing are observed.
- Phoenix Health Center: One licensed clinical social worker (LCSW) accompanied the Common Assessment Team, making on-site diagnoses and counseling clients, as well as making referrals for ongoing treatment as necessary.
- Salvation Army: Storage units were located on Salvation Army's campus, enabling individuals and families experiencing homelessness to leave their belongings in a secure location.
- St. John Center: In partnership with Uniting Partners (UP) for Women and Children, a five-person outreach team provided services throughout Jefferson County. These included wellness checks and ongoing social support; referrals to shelter, health care, and other social services; material goods; and transportation.
- St. Vincent de Paul: Ten single-person rooms were designated as Sanctuary Beds, accommodating overnight-shelter guests who felt threatened or in crisis, and who might otherwise sleep outside instead of abiding by the requirement to sleep in a congregate space.
- Volunteers of America (VOA): Funds were dedicated to providing shelter or rapid-rehousing assistance to families identified by an outreach service as staying in unsafe locations.
- Wayside Christian Mission: Funds supported the operation of a 100-bed low-barrier shelter, which allows clients to stay with their partners and pets with minimal restrictions for entry.
- Wellspring: An Assertive Community Treatment (ACT) team provided wraparound services to clients with diagnoses of severe and persistent mental illness, by delivering intensive case management, quick access to psychiatric care and medication management, and efforts toward permanent supportive housing.

Together, these agencies used their collective resources and capacities to fill service gaps and tighten the network of supports for individuals and families experiencing homelessness.

Evaluation Research Questions

Research Question	Description	Research Subquestions
Research Question 1: How do the organizations use their grant funding to address street homelessness?	This research question seeks to document the process of program implementation, as well as to assess how grant funds are used by partners, how funding relates to specified programing and outputs, and how programming evolves over the grant term.	<ul style="list-style-type: none"> • What does the funding allow organizations to do that they otherwise could not? • How do organizations implement program activities? • What barriers to program implementation are encountered by organizations, and how are barriers addressed? • How do implementation strategies adapt based on barriers, lessons learned, and community need?
Research Question 2: To what extent do individuals and families experiencing homelessness find increased access to shelter and other services intended to resolve barriers to housing?	This research question seeks to assess program outputs and outcomes, and to understand the extent to which funded programming affects the individuals and families served.	<ul style="list-style-type: none"> • How many individuals and families use the services provided through Louisville Metro funding? • What are the characteristics of individuals and families experiencing street homelessness? • What services is the outreach team providing? [specific to St. John Center/UP] • How does the addition of an LSCW to street outreach efforts assist in resolving crises? [specific to Phoenix] • What are the characteristics of families receiving shelter/rapid re-housing assistance? [specific to VOA] • What are the characteristics of individuals using beds in the low-barrier shelter and sanctuary rooms? [specific to Wayside, Healing Place, and St. Vincent de Paul] • How and why is the storage facility used? [specific to Salvation Army] • How are ACT services used? [specific to Wellspring] • How does access to a lawyer resolve barriers to housing that individuals experiencing homelessness encounter? [specific to Legal Aid]

Research Question	Description	Sub Research Questions
Research Question 3: To what extent did the \$1 million allocation influence homelessness in Louisville?	This research question seeks to assess how a budget of \$1 million changes the ways in which Louisville systematically addresses street homelessness and what affect the funding had on moving people into permanent housing.	<ul style="list-style-type: none"> • How did the landscape of homelessness change over the course of fiscal 2020? • To what extent do participating partner agencies adapt collaborative approaches while working towards a common goal? • How does use of these services affect an individual or family's experience of homelessness? • What systemic gaps remain despite the addition of new services?

The purpose of this evaluation is twofold: 1) to document the processes by which this homeless initiative model was executed, and 2) to report program outputs and outcomes as they demonstrate their work to resolve barriers for people moving from the streets to shelter, and from homelessness to housing. To answer the proposed evaluation research questions, the University of Louisville (UofL) Evaluation Team engaged with the project from its onset. In doing so, the team attended monthly meetings for funded service providers to coordinate with the Louisville Metro Office of Resilience and Community Services and the Louisville CoC, and met individually with providers to learn more about their programs. At the end of fiscal year 2020, the Evaluation Team interviewed providers from the programs to understand more about successes they experienced, program evolution and lessons learned. The team also spoke with program participants who provided feedback about the services they received. Demographic and program-usage information from the Homeless Management Information System (HMIS) was analyzed, as were program exits to permanent housing.

Fiscal Year 2020 Homeless Initiative Results

Throughout the ten months of funding, eight of the nine services provided support to nearly 3,000 individuals in 2,679 households (Table 1). Almost 750 of these individuals accessed more than one of these services. Additionally, Legal Aid Society served a total of 226 clients experiencing homelessness. Due to client confidentiality, the services provided by Legal Aid Society aren't recorded in the Homeless Management Information System (HMIS) and therefore aren't included in the total count. These individuals may have used other services as well.

"I think we've saved some people's lives who otherwise would have been out on the street..."

Table 1: Clients Served by Funded Programs

Total Individuals Served = 2,996			
Households Served = 2,679		Count	Percent
Gender	Female	998	33.3%
	Gender Non-conforming	4	0.1%
	Male	1,927	64.3%
	Not Specified/Unknown	61	2.0%
	Transgender	6	0.2%
Age Group	0-5	47	1.6%
	6-12	60	2.0%
	13-17	31	1.0%
	18-24	207	6.9%
	25-34	589	19.7%
	35-44	695	23.2%
	45-54	552	18.4%
	55-61	365	12.2%
	62+	193	6.4%
	Not Specified/Unknown	257	8.6%
Race	American Indian or Alaska Native	19	0.6%
	Asian	23	0.9%
	Black or African American	1,069	35.7%
	Multiple Races	132	4.4%
	Native Hawaiian or Other Pacific Islander	7	0.2%
	Not Specified/Unknown	190	6.3%
	White	1,556	51.9%
Ethnicity	Hispanic/Latino	100	3.3%
	Non-Hispanic/Non-Latino	2,830	94.5%
	Not Specified/Unknown	66	2.2%
Status	Chronically Homeless	895	29.9%
	History of Domestic Violence	679	22.7%
	Veteran	194	6.5%
Health Conditions	Alcohol Abuse	177	5.9%
	Both Alcohol and Drug Abuse	554	18.5%
	Chronic Health Condition	763	25.5%
	Developmental Disability	374	12.5%
	Drug Abuse	329	11.0%
	HIV/AIDS	32	1.1%
	Mental Health Problem	1,101	36.7%
	Physical Disability	847	28.2%

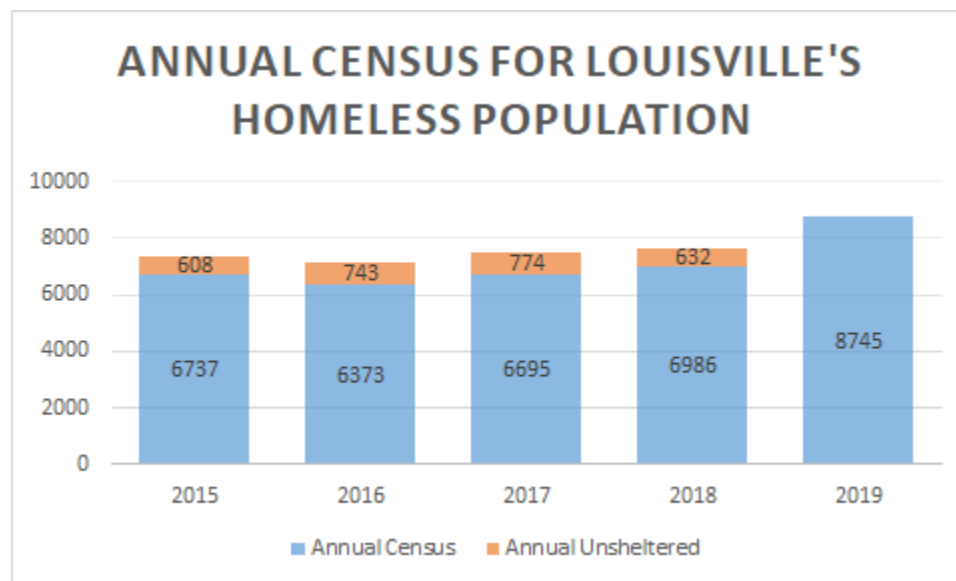
The Landscape of Homelessness in Louisville

As a CoC, Louisville reports the number of individuals experiencing homelessness in two ways: an annual census, or the total number of individuals who received homeless services within a 12-month period; and an annual point-in-time count, or the number of individuals identified in a single 24-hour period.

Homeless service providers enter their services in HMIS, a data system that can then track individuals' use of the various services in the CoC. The annual census accounts for any individual who has used a CoC service during the Federal fiscal year (October 1 through September 30).¹ The subpopulation of individuals who are counted as "unsheltered" are those who have used services other than overnight shelter opportunities.²

Data collected in Federal Fiscal Year 2019 indicate that the number of people experiencing homelessness in Jefferson County rose by over 1,700, or 25.2%, from 2018 (Figure 1). One notable change that might account for the large increase was the establishment of the St. John Center/UP Outreach Team in February 2019. The team has identified individuals in encampments across the county who hadn't previously accessed services, which are largely located downtown. The capacity to find more people experiencing homelessness has enabled the CoC to account for more people and more accurately represent the scope of homelessness in Louisville.

Figure 1: The number of people experiencing homelessness in Jefferson County rose by more than 1,700, or 25.2%, from Federal FY 2018



Source: Coalition for the Homeless.

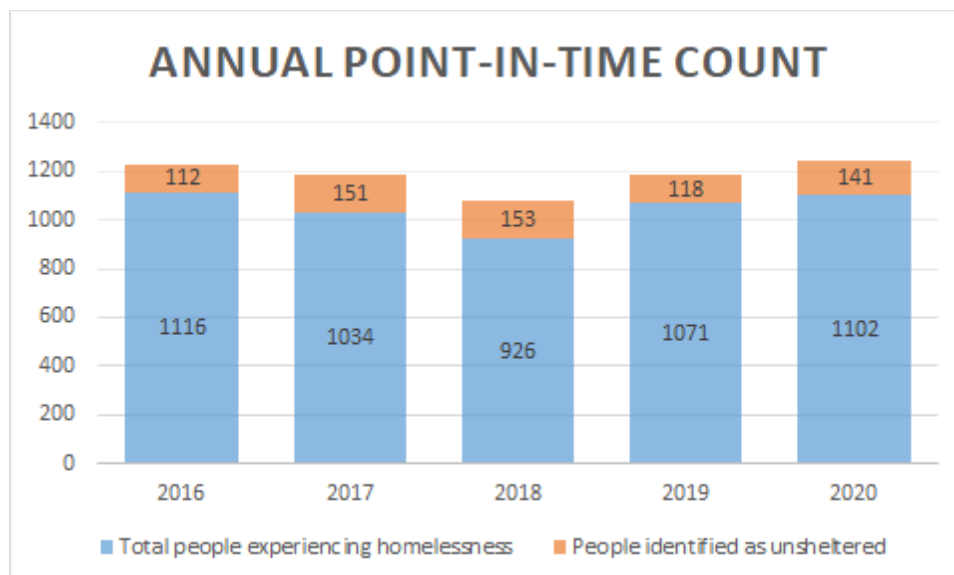
¹ In 2015, the annual census was reported for the calendar year (January 1 through December 31), rather than the Federal fiscal year.

² There is no standardized definition of "unsheltered." In 2019, the CoC decided to discontinue reporting this number, as many individuals are transient and use emergency shelters some nights but may be considered unsheltered on other nights throughout the year.

The annual point-in-time (PIT) count is required by the federal Department of Housing and Urban Development (HUD), which provides the primary source of CoC funding. Per specifications, the count is made during the last 10 days of January. It captures the number of individuals whose nighttime residence is an emergency shelter, transitional housing program, or a place that isn't meant for human habitation, such as an encampment or car. The PIT count can be helpful for examining trends and supports the CoC's access to needed HUD resources, as the data reflect the demand for overnight emergency shelter on one winter night. This can then be compared with the number of shelter beds the city offers.

The PIT count can fluctuate from year to year for multiple reasons, including reasons other than actual changes in the numbers of people experiencing homelessness. First, counting those who check into an emergency shelter is easier than counting people staying on the street, who often hide for safety. Some years, to the aid of the count, the January weather can be so harsh as to prompt a so-called White Flag designation that expands the amount of available emergency shelter, drawing more people off the streets. In recent years, more Louisville residents have volunteered to help conduct the count, improving the ability to locate unsheltered individuals across the county. Communication by outreach teams also has affected the count, as more encampments are identified before that night, so that PIT volunteers are dispatched to locations where individuals are known to stay. Yet, the transient and private nature of those who stay out and the limitations of time and capacity for finding people result in known underreporting. In January 2020, the PIT occurred on a mild night with a record number of volunteers who canvassed Metro Louisville. **A total of 1,102 individuals met HUD's definition of homelessness, 141 of whom were staying outside (Figure 2). This represents a 2.9% increase in the total people experiencing homelessness, and a 19.5% increase in persons identified as unsheltered.**

Figure 2: In 2020, 1,102 individuals met HUD's definition of homelessness during the Annual Point-in-Time Count, 141 of whom were staying outside.



Source: Coalition for the Homeless

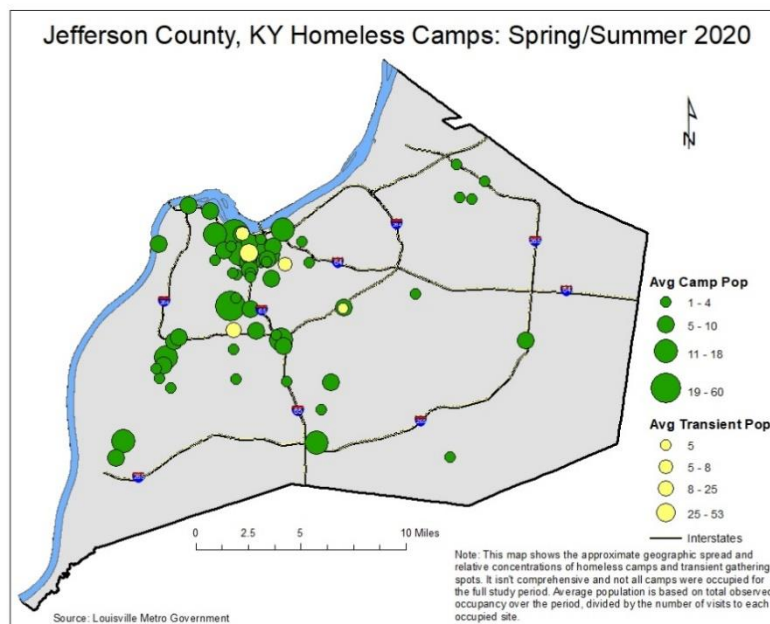
In total, Louisville offers 344 emergency shelter beds for single adults and youth, and 53 rooms or other units for families nightly. During extreme temperatures, Operation White Flag provides for another 163 beds, and the new low-barrier options at Wayside and The Healing Place have added an additional 124 beds. **Comparing this to the PIT, Louisville can't meet the shelter needs of all people experiencing homelessness on any given night.** Thus, the shortage of emergency shelter is clear.

However, while shelter beds and homeless services are important, increasing shelter capacity does not adequately address the root causes of homelessness, which include poverty and an acute shortage of affordable housing units. In order to reduce unsheltered homelessness, Louisville Metro must address the crisis of housing affordability, particularly for households earning 30% or less of the area median income, for whom there is a shortage of more 31,000 units.ⁱⁱ

Encampments

Since the beginning of the COVID-19 precautions in March 2020, a consistent team of providers from multiple agencies has conducted outreach to ensure those living in encampments have access to supplies that meet their basic needs and enhance hygiene. Members of this team have included staff of the Common Assessment Team, officers from Louisville Metro Police Department (LMPD), UofL medical students, and providers from the Louisville Metro Department of Public Health and Wellness Syringe Exchange, Seven Counties Services, the Kentucky Harm Reduction Coalition and Recovery Works Elizabethtown. Team members documented camps as they visited them throughout Jefferson County. These providers have educated clients about the risks of the coronavirus, where resources remain available, and which services have closed or reduced capacity. They have distributed supplies for harm reduction strategies, such as clean needles and naloxone, and assessed the safety of the camp and the individuals staying there. In total, they visited around 70 locations (Figure 3).

Figure 3: While concentrated in the urban core, encampments are found throughout Jefferson County, highlighting the widespread nature of housing instability in Louisville.



Housing

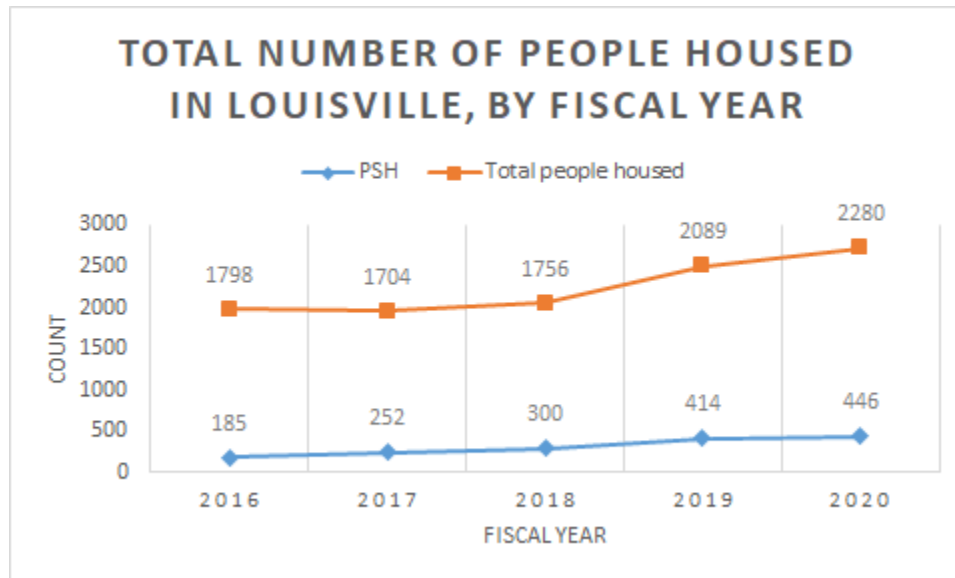
The role that the funded services play in moving individuals into housing is complex and difficult to track; providers often don't know a client's whereabouts after they leave. Tracking unsheltered homelessness is also an inexact science—many people experiencing homelessness are transient, moving from camp to camp, or between sheltered and unsheltered scenarios. Some people avoid emergency shelters for several reasons (e.g., rules, cleanliness, congregant environment). Others may stay in shelters some nights, albeit inconsistently, when there is no alternative for shelter (e.g., staying with a friend). For others, the timing of shelter check-in may not align with their schedules, or substance use or mental illness could interfere with their ability to make it into the structured setting that night. The establishment of a full-time outreach team in the CoC, in addition to the Common Assessment Team and volunteer outreach groups, has improved the ability to identify individuals who consistently stay out and to track individuals who are on the move. However, the translation of these varying statuses into HMIS remains challenging, and each service provider might track shelter entries and exits differently from another.

The funding provided by Louisville Metro to nine new or expanded programs has provided additional opportunities to assist those experiencing homelessness to move from unsheltered to shelter, and from homelessness to housing. **The work of these programs has enhanced Louisville's system of service, ultimately promoting the ability of individuals and families to move out of encampments and places not meant for human habitation, and into emergency shelter or permanent housing.** *However, because many of the funded services are designed to reduce the barriers to housing rather than provide housing counseling, it is difficult to offer evidence of direct links from use of a specific service to a move into housing.* It is clear in every provider activity report that the services have aided clients to achieve greater stability.

According to data entered in HMIS, in the 10 months from September 1, 2019, to June 30, 2020, 1,887 individuals who had previously used Louisville's system of homeless services moved into housing. Of those, 388 individuals were accepted into permanent supportive housing programs and have continued to receive case management services while in their new homes. Other positive exits from the system included moves from homelessness into home ownership and rentals, both with and without the assistance of a subsidy; living with family or friends with an expectation of permanent residence; or placement into foster care or a long-term care facility that can meet an individual's basic needs with housing stability.

System-wide, the number of individuals who exited homelessness into a permanent residence has risen the past three years. In Metro Fiscal Year 2020, 2,280 individuals moved into housing, 446 of whom received vouchers to permanent supportive housing programs. These numbers represent an increase of 9.1% and 7.7% from 2019, respectively. Moreover, an additional 136 individuals moved into transitional housing, which represents an improvement in housing stability for those who are experiencing homelessness.

Figure 4: In Metro FY 2020, 2,280 individuals moved into housing, including 446 who received vouchers to permanent supportive housing programs.



Source: HMIS

Analysis of Funded Services

The Healing Place

Project Summary: Although primarily known for their recovery programs, The Healing Place has, in the past, served as a homeless shelter and is well-known in the community for providing homeless services. Transitional housing is currently provided for those who have completed detox and who are now in recovery. Through the Veterans' Program, additional long-term housing and employment services are also provided. The current round of funding allowed The Healing Place to double their overnight men's emergency shelter beds (from 24 to 48) in the men's shelter for four winter months (December-March) and provided money for extra staff and other additional costs. The Healing Place aims to provide low-barrier services, meaning that there are minimal requirements placed on men using the homeless beds, and few screening questions asked upon entry. It is the only emergency shelter without family services on campus, which makes it accessible to those with a history of sexual offenses.

Throughout the winter, nearly all 48 beds were full and there were some nights where The Healing Place had to turn people away. The additional 24 beds averaged a 92% occupancy rate before COVID-19. Individuals who

"[Another success story], I believe it was during COVID, but a young man who was not addicted to drugs or alcohol but his home life – I think his mother might have been passed away and he had his dad. His dad was heavy into drug use. This young man left and had nowhere to go. He heard of The Healing Place and he came and stayed for several weeks, I believe, and we were able to connect him. He was interested in enlisting in the military. We were able to connect him and actually do his enlisting in our front lobby, swore him in. Then he was able to go start his training.... He wanted to serve our country, but he had no resources. He couldn't go to his father, so he came to us. [We] were able to connect him with the military and swear him in, in our front lobby."

used these beds, who otherwise may have been on the street, were offered safety, food, and shelter, along with clothing from The Healing Place's closet. One benefit of homeless services at The Healing Place is that staff can refer clients to their other onsite services, such as detox or veterans' services, as well as to other community partners and resources. Outreach is conducted primarily through clients, once they enter the long-term recovery program. On their several-mile walk to recovery class, clients routinely work to identify individuals along the way who might need services that The Healing Place provides (a process called 'trudging').

Key Outcomes: Over the course of expanded services, The Healing Place served a total of 568 unique individuals in their 48 designated emergency shelter beds, including 567 men and one individual who identified as gender nonconforming (Table 2). Clients were served across all age cohorts, with the largest subgroups aged 25-54. Most clients identified as white (66%) in terms of race and nearly all identified as non-Hispanic (97%). About one-quarter are chronically homeless. Commonly identified health conditions include alcohol and drug addiction (31%), mental health issues (28%) and physical disabilities (25%).

Table 2: Clients Served by The Healing Place in Emergency Shelter Beds

Total Individuals Served = 568		Count	Percent
Age	18-24	47	8.3%
	25-34	136	23.9%
	35-44	154	27.1%
	45-54	111	19.5%
	55-61	73	12.9%
	62+	46	8.1%
	Not Specified/Unknown	1	0.2%
Race	American Indian or Alaska Native	4	0.7%
	Asian	2	0.4%
	Black or African American	170	29.9%
	Multiple Races	15	2.6%
	Native Hawaiian or Other Pacific Islander	1	0.2%
	Not Specified/Unknown	2	0.4%
	White	374	65.8%
Ethnicity	Hispanic/Latino	15	2.6%
	Non-Hispanic/Non-Latino	553	97.4%
Status	Chronically Homeless	144	25.4%
	History of Domestic Violence	50	8.8%
	Veteran	54	9.5%
Health Conditions	Alcohol Abuse	60	10.6%
	Both Alcohol and Drug Abuse	174	30.6%
	Chronic Health Condition	110	19.4%
	Developmental Disability	40	7.0%
	Drug Abuse	114	20.1%
	HIV/AIDS	6	1.1%
	Mental Health Problem	156	27.5%
	Physical Disability	144	25.4%

“One success story about an individual who accessed an emergency bed and was unaware that we had a VA Program here. He was able to connect with our VA case manager and get enrolled and get a bed secured in our VA Program here, which helped him secure full-time employment.”

Having twice as many people in the men’s emergency overnight shelter posed mostly logistical challenges, such as coordinating movement of the overnight shelter guests among shared spaces with residents in the facility’s recovery program. Additionally, staff had to engage in hourly rounds to be sure participants were where they needed to be and that they were safe. The need for storage space for participants was clear, and positive relationships with local police remain pertinent.

With the onset of the COVID-19 pandemic, The Healing Place extended their provision of the additional beds through April. To honor shelter-in-place orders and support the safety of all The Healing Place clients, individuals staying in emergency shelter beds were limited to leaving the property two hours per week. Clients were generally receptive and amenable to these safety measures, which also included daily screening and changes to routines to accommodate social distancing.

Legal Aid Society

Project Summary: Project HELP is a volunteer lawyer outreach program sponsored by the Legal Aid Society in which lawyers provide onsite legal assistance in homeless shelters and other social service sites. The goal is to remove barriers to legal services and to meet people where they are. Fliers and sign-up sheets are posted, and the Project HELP Team communicates with case managers to let them know when and where they will be at the shelter to meet with clients. The funding of this initiative enabled the Legal Aid Society to dedicate one full-time lawyer and one paralegal to Project HELP, who supplement the volunteer base that provides their time. The legal team additionally joined outreach efforts on occasion.

“It’s sometimes hard for people to see legal needs as being able to meet those more emergency needs... Sometimes, the legal barriers that you’re facing are what are perpetuating a person’s homelessness. And.... something like criminal record expungement.... we’re able to get the court to waive your filing fees....and then to expunge it. That would remove that record. It’s as if it never existed in the eyes of the law [and] you no longer have to disclose it on housing applications or employment applications. So that criminal record could actually be what’s keeping a person in homelessness because they go apply for housing and then the landlord sees you have a record, that may be preventing them from getting housing or employment, which is then preventing them from being able to afford housing. So, expungement can be really life changing for our clients.... Things like helping [someone] get divorced from maybe an abusive spouse. That is huge and life changing, and also your marital status impacts whether you’re eligible for certain government benefits. And so, things like housing, for example, can be impacted by your marital status. So, getting someone a divorce really opens up opportunities in terms of benefits that they would be eligible for – housing programs, things like that.... Getting deposits back from an old landlord. Sometimes people can’t afford getting a new apartment, they’re kept homeless because they can’t afford first month’s rent and deposit on a new place because their landlord is unlawfully keeping their old deposit. Just making a few phone calls or sending a letter could get that person their money back and get them housed. We’ve had those cases, where people get housed as a result. So, it can really be life changing, just resolving legal issues can really have an impact on everything for a client.”

Key Outcomes: In the past ten months, the Legal Aid Society and Project HELP have received more referrals and increasingly worked with partners, making more connections and raising awareness of ways in which Project HELP can be of service. Between September 1, 2019, and June 30, 2020, Project HELP served 226 homeless clients, closing a total of 274 cases. **Of the 274 cases that the Project HELP team closed, 36 addressed a consumer debt issue, 74 aided in a family law matter, 69 pertained to a government benefits issue, 26 addressed a housing issue, 59 were in regard to expungement of the individual's record, and 10 involved life planning matters.** Forty-two of these cases were taken for extended representation while the other 232 received advice or brief services to help resolve their legal issues.

Demographics: Legal Aid clients were roughly split in terms of female (52%)/male (47%) gender identity and about 1% identified as transgender (Table 3). About 70% of Legal Aid clients were aged 25-54, and clients 24 and younger were the smaller age cohort (5%). More than half of all clients identified as white (57%). About 18% of clients served by Legal Aid are disabled.

Table 3: Clients Served by Legal Aid Society Project HELP

Total Individuals Served = 226		Count	Percent
Gender	Female	118	52.2%
	Male	106	46.9%
	Transgender	2	0.9%
Age Group	0-17	4	1.8%
	18-24	8	3.5%
	25-34	55	24.3%
	35-44	55	24.3%
	45-54	52	23.0%
	55-61	37	16.4%
	62+	15	6.6%
Race/Ethnicity	Black or African American	80	35.4%
	Hispanic/Latino	6	2.7%
	Native Hawaiian or Other Pacific Islander	1	0.4%
	Not Specified/Unknown	11	4.9%
	White	128	56.6%
Status	Disabled	40	17.7%
	History of Domestic Violence	25	11.1%
	Veteran	8	3.5%

Collaboration: In addition to direct client services, Legal Aid Society staff attended monthly meetings of outreach providers and meetings convened by RCS. The additional time connecting with other service providers enabled them to identify scenarios in which a client might benefit from legal assistance, and to educate staff from other agencies about when a referral to legal services might eliminate a barrier to housing. Project HELP has increasingly made referrals outside of the Legal Aid network, thanks to increased partnerships and interactions with individuals involved in this initiative (e.g., Wellspring's ACT Team, where a call can be made to a specific individual rather than giving a client the main number to the organization).

Barriers: More generally, legal services often aren't considered a priority for people experiencing homelessness. However, services such as criminal-record expungement or obtaining a security deposit can be critical steps towards moving a client into housing. Prior to COVID-19, two Legal Aid attorneys began going out to camps with outreach teams to talk about the services they provide, how they can assist, and how to connect. To date, Legal Aid hasn't been able to offer direct legal assistance in camps, however, because of confidentiality requirements and the need for technology to screen clients. Thus, the difficulty remains in getting those individuals to come to a shelter so they can receive services. Additionally, Legal Aid and Project HELP cannot assist with some referrals they receive (e.g., criminal representation for an ongoing case), but Project HELP is typically able to refer those on to others (e.g., Public Defender's Office).

Next Steps: Legal Aid and Project HELP will continue to educate partners about the services Project HELP can provide, as well as who might be able to assist with other legal needs. Legal Aid Society would also like to expand Project HELP to provide onsite clinics at places like the low-barrier shelter at Wayside Christian Mission or the storage facility at the Salvation Army.

Phoenix Health Center

Project Summary: Funding provided by this initiative allowed Phoenix Health Center administrators to reclassify and promote a member of its staff when he obtained licensure as a clinical social worker (LCSW). Phoenix's LCSW accompanies the CoC's Common Assessment Team (also sponsored by Phoenix Health Center) to conduct diagnostic assessments and engage clients in counseling and referrals for on-going treatment. This has allowed Phoenix Health Center to offer enhanced evaluation of clients for resources (i.e., more clinically based services) alongside the Common Assessment Team while they are 'on the ground' identifying individuals who are living unsheltered. This means providing more extensive outreach in both shelters and camps where the LCSW can readily assess mental health, as well as eligibility for specific housing requirements with the verification of disability. Historically, this HUD requirement has posed a considerable bureaucratic hurdle toward gaining supportive housing. **Having an LCSW who can sign a disability verification has allowed Phoenix Health Center staff to more readily**

move people directly from homelessness to housing.

"[This] tends to be a group that's more hesitant about accessing services, either because they're not able to or because they're ambivalent about it, they don't want to. Maybe their substance use, or their trauma, or some other impediment in their life is impacting their ability to reach those services. And by having someone come directly to them that helps, and [we are able to] provide mental health treatment directly on-site...facilitate referrals to the mental health team in our clinic ...and kind of motivationally interview people about what barriers are keeping them from going. Is it something as simple as transportation? Maybe we can help out with that, or maybe it's another fear and we can slowly build up the trust for them to go in."

Demographics: Approximately two-thirds of the LCSW's clients identify as male (Table 4). Most clients (73%) are between 25 and 54 years old. Nearly 60% are white and the vast majority are non-Hispanic (97%). More than half (56%) are chronically homeless and 41% have a history of domestic violence. Common health conditions include mental health challenges (70%), chronic health issues (52%), and physical disabilities (51%).

Table 4: Clients Served by Phoenix Health Center's LCSW

Total Individuals Served = 393		Count	Percent
Gender	Female	132	33.5%
	Gender Non-conforming	1	0.3%
	Male	259	65.9%
	Not Specified/Unknown	1	0.3%
Age Group	18-24	22	5.6%
	25-34	83	21.1%
	35-44	107	27.2%
	45-54	98	24.9%
	55-61	63	16.0%
	62+	20	5.1%
Race	American Indian or Alaska Native	4	1.0%
	Black or African American	133	33.8%
	Multiple Races	25	6.4%
	Native Hawaiian or Other Pacific Islander	2	0.5%
	Not Specified/Unknown	1	0.3%
	White	228	58.0%
Ethnicity	Hispanic/Latino	13	3.3%
	Non-Hispanic/Non-Latino	380	96.7%
Status	Chronically Homeless	221	56.2%
	History of Domestic Violence	159	40.5%
	Veteran	23	5.9%
Health Conditions	Alcohol Abuse	31	7.9%
	Both Alcohol and Drug Abuse	115	29.3%
	Chronic Health Condition	203	51.7%
	Developmental Disability	125	31.8%
	Drug Abuse	70	17.8%
	HIV/AIDS	8	2.0%
	Mental Health Problem	273	69.5%
	Physical Disability	199	50.6%

Key Outcomes: One of the most significant factors in this program's immediate success is that the LCSW was a member of the Common Assessment Team for many years, which had enabled him to develop rapport and trusting relationships in the homeless community. This foundation translated to a quick transition into the new role. Additionally, getting services to individuals—meeting people where they are—means greater access to needed care. Work in the field has also meant increased involvement between outreach providers, like the St. John Center/UP team, which serves as a key point of referral for people who need behavioral health assessment for housing or treatment purposes. This has helped, too, to enhance “warm handoffs,” where the LCSW can serve as the liaison for clinic-based encounters.

Barriers: Transportation is an issue in connecting clients to resources, once a referral is made: most clients don't have cars, and staff are less comfortable transporting clients due to health and safety concerns brought on by COVID-19. For instance, while TARC services help, taking the bus isn't always feasible for finding housing, and some clients have mobility issues that make using TARC a challenge. Partner agencies have offered to transport individuals when they can. Additionally, the extra layer of reporting and the need to include more details surrounding the service exchange creates more work among a staff already stretched thin.

"[The outreach teams] help too, because people sometimes, for whatever reason, lose contact with their housing case manager, either before they got housed or maybe because there was an issue when they were in their housing. For example, they let a friend stay with them and the friend kind of took over the apartment, and then the person who the apartment belongs to ended up back on the street. So, these street outreach teams really serve as a good link in those scenarios when someone has become disengaged with the housing process, or becomes estranged from their current housing, to reconnect them to services when ...their case manager may have otherwise thought they had just left town, or it's not known."

Next Steps: Communication will continue to be critical, as Phoenix Health Center staff work to evaluate and reallocate resources through the next round of funding and ever-changing times. The Common Assessment Team has expanded to three employees fully engaged in street outreach and one staff member who has been re-dedicated toward housing navigation, specifically, helping people find non-CoC resources for housing, such as public housing. Moving forward, there are plans to enhance the housing navigation effort to include one extra staff member by the end of the year.

"So one thing we're grappling with now is ...the minority communities – especially our black communities – experience homelessness and in a much less visible way. So, understanding what the reasons are for that, and I think a lot of it may be fear-based, they may be more afraid of being victimized, maybe by law enforcement, or by someone else that would wish to harm them. I feel like we're serving the most visible, and a lot of times our homeless communities of color are not in that spectrum. So, I'm struggling to figure out how do we do that better. And we have a steering committee for our Common Assessment Team, where we started talking about that, and identifying some community centers, and business owners, and other areas where maybe we can catch the less visible part of our population so that we're able to serve them."

Lessons Learned: The visibility of street homelessness tends to steer outreach efforts, which can be both good and bad. As camps are established in and/or cleared from downtown Louisville and areas targeted for development, outreach teams are engaged in these areas, but the need to reach less-visible segments of the homeless population remains a gap within the system.

Salvation Army

Project Summary: Over the past few years, as camps became more visible and clearings more common, the need for storage space for individuals experiencing homelessness became increasingly clear. This was especially true for clients with mobility challenges and those who were employed but not yet housed, who needed a place to store their belongings, including work-related clothing or tools. The goal in providing storage for clients was to remove these barriers to employment and mobility.

Project Logistics: The shipping containers that provide storage are situated in the Salvation Army's gated parking lot, accessed from East Breckinridge Street. A rack with capacity for up to 10 bicycles is available near the shipping containers. There is 24-hour surveillance, including two security guards and multiple cameras. Check-in/out hours are currently 8:30 a.m. – 3:00 p.m., seven days a week. Evening storage access times were 6:30 p.m. – 8:30 p.m. prior to the implementation of COVID-19 precautions. Clients complete a minimal check-in form, which includes their contact information (which can be a case manager's contact information if the client doesn't have a phone), and sign an agreement stating that the Salvation Army isn't responsible for lost or damaged items. Only individual clients (no additional guests) can enter the gated storage space, and only one client is permitted per security guard at any given time. To minimize conflicts, a storage bin or locker is assigned to one adult; no sharing of bins is allowed between friends or couples. Weapons and explosives, fireworks, or flammable items are not allowed. Medications are discouraged because the storage containers are not climate controlled or accessible around the clock. Clients are required to return to campus and check in with storage staff at least every 60 days to confirm they have not abandoned their belongings. Salvation Army attempts to contact the owners of items that are left unchecked after 60 days, but will discard items that are not reclaimed in this time, partly because there is high demand for storage spaces. During COVID-19 restrictions, the agency was more lenient and able to work with clients on this regulation.

Staffing: Storage facility staff are members of a security team provided by a contracted agency. However, guards with greater readiness for working with the homeless population, who have demonstrated de-escalation skills, are assigned to the storage facility. Storage facility guards are included in daily 4:00 p.m. shift change meetings held Monday through Friday, which facilitates communication with Salvation Army housing monitors and case managers, while an administrative assistant works closely with guards to enter data into HMIS.

Change in facility location: Initiated in Spring 2019, the storage facility was previously a service of St. John Center, and located a few blocks from their day shelter on the former First Link grocery store property. The service transferred to Salvation Army's campus and operations in August 2019. There are some important differences in the interactions that now take place in the storage facility area at the Salvation Army as compared to those observed at the First Link property. The First Link storage space was not gated, which allowed for clients and non-clients to easily come and go and to gather outside. While this presented challenges in securing people's belongings, it created an opportunity for various outreach groups to connect with individuals who used the service but weren't staying in shelters. The Salvation Army storage facility is more regulated and limits access only to clients using the storage facility. Nonetheless, the St. John Center/UP Outreach Team and Common Assessment Team were routinely onsite until the start of the COVID-19 pandemic in March.

Key Outcomes: The Salvation Army now has 96 storage bins on wheels (large recycling carts), 70+ large lockers, and 100+ small lockers in shipping containers on their campus. There is a high demand for the bins over the lockers (there is usually a waiting list for bins), as they can hold bulky items and are easy to move. Storage use has ranged from one day to over a year (between the two sites). On average, clients have stored their belongings for 99 days. Salvation Army staff have observed that the storage facility helps to relieve some of the clients' anxiety and permits them to function at a higher level to address other issues in their lives.

"So, it's obviously meeting a need of the clients. The fact that they are coming back, the fact that they are using it. We have our absolute regulars who come every day to get their work clothes and every night to put their work clothes back in.... It's serving a purpose for a number of people."

Demographics: The majority (73%) of clients using storage identify as male (Table 5). About 65% of clients are between 35 and 61 years old. Racial identity of clients is split between white (47%) and Black or African American (47%). Most clients identify as non-Hispanic (97%). Among clients using storage, chronic homelessness was experienced by about 30% and domestic violence by about 27%. Emergency shelter was the most common place of residence (54%), but nearly 30% were residing in places not meant for human habitation (i.e., were unsheltered).

Table 5: Clients Served by Salvation Army's Storage Facility

Total Individuals Served = 554		Count	Percent
Gender	Female	149	26.9%
	Male	405	73.1%
Age Group	18-24	46	8.3%
	25-34	94	16.9%
	35-44	119	21.5%
	45-54	132	23.8%
	55-61	110	19.9%
	62+	52	9.4%
	Not Specified/Unknown	1	0.2%
Race	American Indian or Alaska Native	7	1.3%
	Asian	6	1.1%
	Black or African American	258	46.6%
	Multiple Races	20	3.6%
	Native Hawaiian or Other Pacific Islander	1	0.2%
	Not Specified/Unknown	1	0.2%
	White	261	47.1%
Ethnicity	Hispanic/Latino	20	3.6%
	Non-Hispanic/Non-Latino	534	96.4%
Status	Chronically Homeless	167	30.1%
	History of Domestic Violence	148	26.7%
	Veteran	37	6.7%
Living Situation	Emergency Shelter	298	53.8%
	Hotel (not supported by homeless service provider)	7	1.3%
	Housing	8	1.4%
	Institutional Setting	22	4.0%
	Places not meant for Human Habitation	165	29.8%
	Safe Haven	10	1.8%
	Staying with Family or Friends	25	4.5%
	Transitional Housing	5	0.9%
	Unknown	13	2.3%

Collaboration: Collaboration with the team from St. John Center was critical to the planning process for the Salvation Army's storage facility. This has involved increased communication to explore logistics and lessons learned over the first few months of storage operations at the First Link site.

Client Perspectives: Interviews with individuals who were using the storage facility suggested generally positive experiences. Participants were glad to have space to keep their things out of the weather and secure, as many indicated that theft is incredibly common in the shelters and on the streets (e.g., “someone stole my shoes off my feet when I was on the street”). Comments regarding guards were mixed: Clients suggested certain guards were friendly and helpful, while others were unnecessarily difficult. Some individuals using storage indicated they needed additional space and that one bin on wheels wasn't enough. Weather poses an issue for some using storage, especially those with limited mobility. Others said they had problems getting important items for work when the storage opened late or closed early; these individuals indicated a need for clearer communication regarding hours and protocol. Some interviews with individuals at camps suggest they didn't know about the storage facility or don't use it because they don't believe that their things will be secure.

COVID-19: At the onset of the COVID-19 pandemic, Salvation Army saw an increased need for storage; the average number of daily visitors to the storage facility increased from 25 to 40 individuals. Implementing COVID-19 precautions has also meant that the Salvation Army has not only put some storage-related projects on hold, but that they have re-dedicated space for three additional shelters: a Healthy Day Shelter (in the gymnasium) which offers lunch only and no other services, a Healthy Overnight Shelter, and the Joy Center on Ken Joy Drive with a quarantine room and an isolation room for those individuals who tested positive for COVID-19 or await test results. **The Salvation Army was able to use lessons learned from operating the storage facility to provide secure storage for those clients using these new Healthy shelters.** Discussions surrounding the anticipated need to provide more space for individuals facing eviction have included the possibility of offering a sanctioned parking area where people can stay in their cars if they are unsheltered.

Lessons Learned: **Most people using storage are employed, so it is especially important to open the storage facility on time, according to schedule, such that clients have regular access to their belongings. Weekend and evening availability is important to clients.** Some people check on their belongings multiple times a day, especially when they first leave items, until they have developed trust that items will be there, undisturbed. **It has been important to build and maintain rapport with the owner of the security company in order to schedule guards for the storage facility who interact well with clients.** Having a few trusted and consistent guards that staff the facility has offered an important opportunity for training, and for building relationships with clients. Offering storage space outside of the Salvation Army building has reduced the issue of weapons and drugs coming into the building; clients aren't allowed to bring them in the building, but individual storage spaces aren't searched, so they can store them if they want to keep them. Such items that are stored do not affect Salvation Army operations. When clients have claimed an item was missing or stolen from their storage space, the use of security cameras and the implementation of restrictions on the number of people in the check-in area have helped to document and track down the items left for storage and where they have been placed. As the weather changes, there may be a need to re-evaluate the 'boat shed'/carport space currently in use for guards and clients to check items in and out.

Next steps: Moving forward, there is a clear need for more storage; 27 additional storage bins have been purchased and the shipping containers with small lockers in them will be repurposed to hold the larger bins (COVID-19 has held-up this process). **Still, the bins don't fully meet the needs of those experiencing homelessness because when the city clears a camp.** The items people need to store, such as tents and other large items, do not fit in the bins and/or one bin is not spacious enough for more than a few personal items. Concerns also exist surrounding what the future storage needs will be as the COVID-19 pandemic results in increased evictions for individuals and families.

St. John Center and Uniting Partners for Women and Children

Project Summary: Over the funding period, St. John Center for Homeless Men, in conjunction with UP for Women and Children, provided direct supervision of an Outreach Team. The St. John Center leadership team also has facilitated monthly meetings of CoC outreach providers. The Outreach Team's objective is to meet clients where they are and extend the front door to important services, creating a stronger continuum of care in the city. A significant number of clients served by the Outreach Team do not use overnight emergency shelters, and instead stay in camps or places not meant for human habitation. The team receives referrals from both the Louisville Metro 311 line and from community members and leaders. With this funding, St. John Center and UP expanded the Outreach Team by hiring a team manager and securing five full-time positions.

Demographics: From September 2019 to June 2020, the Outreach Team provided 3,914 services to over 1,000 individuals, including families with children (Table 6). Young adults comprised just over 6% of individuals served, while older adults comprised about 5%. Notably, 40% of clients are chronically homeless, and 26% have a history of experiencing domestic violence. More than one-third (372%) of the clients with whom the Outreach Team worked were identified as abusing substances.

"Team meetings regularly turn into what is the best way to use motivational interviewing with that client, or what would be the best way to approach this? And kind of extrapolating conclusions and ideas that we come up with on one client to others and kind of building on that. Just because it is new and we're kind of learning as we go, I think it just comes up often and there's kind of a natural program evaluation happening all the time among us in a really collaborative, positive way... There is just a really natural kind of evaluating our strategies, making sure that we all know best practices and share them among each other, modeling them for each other and learning from each other which has been really beneficial, I think, to everyone on the team."

Key Outcomes: Although the Outreach Team is affiliated with the city's two day shelters, the team travels throughout Louisville, providing wellness checks, material goods and supplies, education about harm reduction, and links to resources. It also responds to crises and serves as ongoing case management to clients with whom they have built a rapport. **Between September 2019 and June 2020, the Outreach Team played an essential role in assisting 51 clients with obtaining permanent housing.**

The Outreach Team also routinely coordinates with agencies for clients who have already received a referral to permanent supportive housing. The team often transports clients to meet case managers, to appointments, and to fill prescriptions or find apartments, or provides bus tickets so that clients can independently complete these tasks. **It is because of this transportation that many clients were able to make it to housing meetings, connect with day and overnight shelters, meet with potential employers, and meet with health and mental health providers.** The Outreach Team also connects individuals to the Common Assessment Team and provides homeless verification, necessary for obtaining permanent supportive housing. **Importantly, the team provides a warm handoff for those who are often otherwise unconnected to services.** The team is present in the days before and when camp clean-ups and clear-outs take place, to ensure clients have support through that process and the opportunity to engage with the services available to them.

Table 6: Clients Served by the St. John Center and UP Outreach Team

Total Individuals Served = 1,008			
Households Served = 838		Count	Percent
Gender	Female	334	33.1%
	Gender Non-conforming	2	0.2%
	Male	619	61.4%
	Not Specified/Unknown	51	5.1%
	Transgender	2	0.2%
Age Group	0-5	7	0.7%
	6-12	13	1.3%
	13-17	6	0.6%
	18-24	65	6.4%
	25-34	212	21.0%
	35-44	278	27.6%
	45-54	204	20.2%
	55-61	104	10.3%
	62+	55	5.4%
	Not Specified/Unknown	64	6.3%
Race	American Indian or Alaska Native	7	6.9%
	Asian	6	0.6%
	Black or African American	316	31.3%
	Multiple Races	44	4.4%
	Native Hawaiian or Other Pacific Islander	1	0.1%
	Not Specified/Unknown	58	5.7%
	White	576	56.9%
Ethnicity	Hispanic/Latino	24	2.4%
	Non-Hispanic/Non-Latino	929	92.2%
	Not Specified/Unknown	55	5.4%
Status	Chronically Homeless	400	40.0%
	History of Domestic Violence	266	26.4%
	Veteran	71	7.0%
Health Conditions	Alcohol Abuse	52	5.2%
	Both Alcohol and Drug Abuse	203	20.1%
	Chronic Health Condition	285	28.3%
	Developmental Disability	149	14.8%
	Drug Abuse	120	11.9%
	HIV/AIDS	17	1.7%
	Mental Health Problem	411	40.8%
	Physical Disability	327	32.4%

Client perspectives: Individuals experiencing homelessness who had encountered the Outreach Team reported that the team has been responsive to their needs and helpful in accessing services. The Outreach Team seems to be very well-received and well-connected in the community. Clients reported the Outreach Team routinely checks on them, spends time with them, provides bus passes and rides to appointments, distributes other needed items (e.g., masks, clothing, tents), and assists with resolving

barriers to housing and making connections to important resources. Client feedback points to the caring and calm demeanor of those doing outreach, and the team's visits to camps and access to resources.

Lessons Learned: Lessons learned include the need to be both resourceful and flexible in providing services, especially through the precautions and various office closures necessitated by the COVID-19 pandemic. Collaboration and self-evaluation within the Outreach Team have been key. This work has also made clear the need for clients to have the assistance of a network of providers to assist with resolving barriers to housing, as well as the need to be creative in navigating rules and referrals to coordinate and capitalize on resources.

Next Steps: The team has found an increasing need for dedicated housing case management, peer support, and harm-reduction efforts. St. John Center and UP staff plan to continue to operationally define professional outreach—to clearly delineate roles and 'where outreach begins and ends'—to refine their team and its efforts. Other goals are to strengthen partnerships with volunteer outreach groups and to increase awareness of their efforts.

St. Vincent de Paul

Project Summary: This funding enabled St. Vincent de Paul to convert 10 private rooms from a transitional housing program into Sanctuary Beds as an extension of their men's emergency shelter, and thus improve their alignment with a Housing First approach.³ As they closed their transitional housing, the agency was able place nearly all of those clients into permanent housing. The Homeless Initiative funding supports both the Sanctuary Bed Program and Clinical Services Staff. The Sanctuary Beds are intended for people who are in crisis or otherwise have an expressed health or safety need, and who are therefore not likely to do well in a congregate setting. Clients who use Sanctuary Beds are assigned a case manager, aided to create a crisis-

"It's challenging to engage and reach out with people who have a lot of really serious mental health symptoms in a congregate setting and try and get them the higher level of care that they need and have everybody stay safe at the same time. So, we've learned a lot of lessons around how to do that, I think. That's been a lot of worrying across the board for staff on just... you can't just bar somebody for their behavior. Let's really try and help them... I think that having our staff being able to call [our Clinical Services Coordinator] to work with someone who's got a lot of mental health symptoms has been helpful... We really shifted our focus to the crisis intervention, and I think that that's been a really positive thing for us as an organization, and the Sanctuary Beds have been part of that."

management plan and connected to intensive services. If the client demonstrates a need for mental-health and/or substance-use intervention, the Clinical Services Coordinator (an LCSW) also conducts an assessment and makes appropriate referrals. This is especially important for people who have severe mental illness in helping them to stabilize symptoms and avoid a return to street homelessness. Clients with physical health needs may require assistance with chronic disease management. While some clients are able to capitalize on available housing opportunities and move from the Sanctuary Beds directly, for others, the time to stabilize enables them to return to the larger shelter environment while they continue to address other barriers to housing.

³ Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.

Demographics: Of the 65 men who have used the Sanctuary beds, over one-third were between ages 45 and 54, while another third were over age 55 (Table 7). More than half (52%) were white and about 37% were Black or African American. Nearly 90% of all clients identified as non-Hispanic. Chronic homelessness was common among this client group, with more than half (51%) having experienced extended periods of being unhoused. Mental health issues were also prevalent, with 80% of all clients dealing with this health condition. More than half (51%) of Sanctuary Bed clients had a physical disability. The average length of stay in a Sanctuary Bed was 37 days.

Table 7: Clients Served by St. Vincent de Paul's Sanctuary Beds

Total Individuals Served = 65 Men		Count	Percent
Age	18-24	1	1.5%
	25-34	5	7.8%
	35-44	14	21.5%
	45-54	23	35.4%
	55-61	17	26.1%
	62+	5	7.7%
Race	American Indian or Alaska Native	4	6.2%
	Asian	1	1.5%
	Black or African American	24	36.9%
	Multiple Races	2	3.1%
	White	34	52.3%
Ethnicity	Hispanic/Latino	7	10.8%
	Non-Hispanic/Non-Latino	58	89.2%
Status	Chronically Homeless	33	50.8%
	History of Domestic Violence	11	16.9%
	Veteran	6	9.2%
Health Conditions	Alcohol Abuse	5	7.7%
	Both Alcohol and Drug Abuse	17	2.6%
	Chronic Health Condition	31	47.7%
	Developmental Disability	11	16.9%
	Drug Abuse	7	10.8%
	HIV/AIDS	1	1.5%
	Mental Health Problem	52	80.0%
	Physical Disability	33	50.8%

Key outcomes: This funding allows Clinical Services Staff to worry less about taking insurance or billing Medicaid and instead focus on providing the needed care in all St. Vincent de Paul homeless programs – crisis intervention and routing people to more sustainable services (e.g., in the event someone is a danger to themselves or others, working to get them hospitalized). **This often means people are staying in the shelter, getting into housing, or being supported to stay housed instead of being barred, terminated, or evicted for behaviors that are crisis driven.**

Collaboration: Over the course of this project, weekly meetings among emergency shelter and clinical staff have facilitated discussion around program evolution. As a result, the team has modified assessments and crisis planning, along with other operational, logistic fine-tuning (e.g., when the Clinical Services Coordinator should be in different locations).

"It's not just about making sure everybody gets sober. It's also about are you just ready to talk about your substance use issue? Maybe you're not ready to get sober, but if you want to talk about how it's affecting your life, then what changes you may want to see in the future, and then that way we can lead up to treatment or recovery or sobriety or whatever they may want to eventually decide that's right for them."

Lessons Learned: Their crisis intervention work continues to improve, and St. Vincent de Paul has a pilot project to expand their Clinical Services Staff to include a Certified Alcohol and Drug Counselor (CADC) to focus on substance abuse issues and harm reduction. Rethinking safety measures has been important, as well; for example, the team has removed the doors from individual rooms to allow Program Aides to conduct regular safety checks around the clock, although this change also limits the personal space and privacy of individuals staying in these rooms.

Barriers: It is the feeling among staff that there are more people who need services than are getting referred, and

challenges remain in getting people to come to the shelter. Continued communication and coordination among outreach and other providers to streamline the collaborative efforts toward needed services—especially for those in crisis—is a necessary part of this process.

Volunteers of America

Project Summary: Over the course of this initiative, VOA focused its efforts on getting **families** off the street and into housing more quickly—a kind of hybrid rapid re-housing for families. Funding allowed flexibility in how financial support was provided, which included moving families into hotel rooms for periods when family shelter space was full, paying outstanding utility bills, helping with the first few months' rent, getting beds for adults and children, or putting food in the pantry upon their move into housing. **Funding for VOA has helped to increase the number of families they have served by 40%-50%.** Clients are also getting an improved quality of care, because they can access services quicker. This is especially important for families with urgent needs, such as those experiencing domestic violence who would otherwise still be with their perpetrator or perhaps live in their cars with small children.

Demographics: VOA served 163 individuals, with the majority (63%) of these clients identifying as female (Table 8). Nearly 60% of clients served are children aged 17 and under. More than half (56%) of all clients identify as Black or African American, and the vast majority (92%) of all clients are non-Hispanic. Almost 20% are chronically homeless and 17% have a history of experiencing domestic violence. About 12% have experienced mental health problems and approximately 10% have a physical disability. Notably, compared to other services, health conditions seem to be less prevalent among VOA clients, potentially pointing to poverty as the primary driver of housing instability among these families.

Table 8: Clients Served by Volunteers of America's Rapid Re-housing Program

Total Individuals Served = 163		Count	Percent
Households Served = 49			
Gender	Female	102	62.6%
	Male	61	37.4%
Age Group	0-5	38	23.3%
	6-12	40	24.5%
	13-17	18	11.0%
	18-24	14	8.6%
	25-34	19	11.7%
	35-44	21	12.9%
	45-54	8	4.9%
	55-61	5	3.1%
Race	Asian	7	4.3%
	Black or African American	92	56.4%
	Multiple Races	22	13.5%
	White	42	25.8%
Ethnicity	Hispanic/Latino	13	8.0%
	Non-Hispanic/Non-Latino	150	92.0%
Status	Chronically Homeless	32	19.6%
	History of Domestic Violence	27	16.6%
	Veteran	6	3.7%
Health Conditions	Both Alcohol and Drug Abuse	3	1.8%
	Chronic Health Condition	15	9.2%
	Developmental Disability	9	5.5%
	Drug Abuse	2	1.2%
	Mental Health Problem	19	11.7%
	Physical Disability	16	9.8%

Key Outcomes: The program has expanded to include a case manager who works specifically with the camps and with clients VOA has housed at the hotel. This case manager has experience working with families experiencing homelessness. For families temporarily housed in the hotel, this case manager has helped address the strong need for building clients' understanding regarding next steps and what to expect at the shelter. Likewise, it has been important to keep each family's hotel stay brief because living in a hotel is much different than living in a shelter. Some families haven't shown up after their stay at the hotel when they have been offered space in the family shelter—perhaps because they do not like living in a shelter or the idea of living in a shelter scares them, and that opportunity to stay at the hotel allowed more independence and fewer rules when there were no chores or other expectations. It is also clear that the Wayside Low-Barrier Shelter is not a good option for families since it does not provide separate quarters for clients with children, and safety is an issue. The good news is that this hybrid rapid re-housing effort has helped to move families out of the low-barrier space more quickly.

“[We] realized pretty quickly on that just putting them up in the hotel was not beneficial because they still had all of the same concerns and crisis and issues that they had on the streets, they just happen to have a bed to sleep in and a roof over their head at the moment. So [we] hired a case manager to really acknowledge all of those issues, and to start working on all of those before they come to shelter, so that they aren't starting all over again when they move from the hotel to shelter. [Our case manager] is able to make sure that they get a Common Assessment completed so that they aren't waiting for that to happen. Some of them already have been on some kind of housing waiting list. So, making sure, do they need help looking for housing? Encouraging them to look for employment, if that's possible. Just getting Medicaid or insurance worked out for the kids. So, the case manager's been able to take care of all of that stuff, so that they aren't spending anywhere from three weeks to two months in the hotel, and then coming to Shelter and having them be so far behind.”

Barriers: The transition to shelter for some clients is incredibly challenging. Substance abuse, criminal behavior (e.g., stealing), weapons and violence continue to be issues that cannot be tolerated in a shelter and can result from being barred from its use. **However, even with this funding, finding a place where clients can afford to live is a major challenge for team members. That is, significant barriers continue to exist in the form of affordable housing.** Many individuals experiencing homelessness have severe mental illness and VOA doesn't have resources for some specific needs. Wellspring's ACT Team has been critical in filling this gap.

Next steps: Discussions also continue around the need to create more specialized low-barrier spaces to support special populations among those experiencing homelessness, such as families, the elderly, LGBTQ+ individuals, and more. Eviction preparation and prevention are some of the efforts that continue among this team.

Wayside Christian Mission

Project Summary: Following a preliminary exploration on low-barrier shelters across the nation and a pilot study of their own, Wayside Christian Mission opened Louisville's first Low-Barrier Shelter (LBS) on December 24, 2018. Wayside converted their gymnasium to a sleeping space—first with mats on the floor, then replaced with bunks—and added storage for their clients in the loft above the gym, with a capacity for 100 guests. Wayside's LBS was designed to allow individuals who had previously been barred from Wayside or other shelters to have a second chance at emergency shelter, to place minimal restrictions on clients who have traditionally been resistant to pursuing use of an emergency shelter, and to offer a shelter with the ability to stay in place both day and night. The LBS allows entry even when someone is not sober, permits couples to stay together, and enables people to keep their pets and possessions with them inside. Initially, the rules were simple: no fighting, no smoking, and no bringing drugs or alcohol inside. However, additional rules have since been implemented.

Demographics: With Fiscal Year 2020 funding, the Wayside LBS hosted 934 individuals in 878 households (Table 9). Over time, the climate at the LBS has changed. There are now twice as many single women as there are single men in the LBS, there are fewer individuals staying at the LBS who have criminal records, and there are more people in LBS who present with physical disabilities. Recorded demographics provide evidence that women have used this shelter more than men, which aligns with the fact that Louisville's system of emergency shelters has more capacity for single men than for women and families. Staff have worked to move families with shelter needs to environments that have proven

safer for children (e.g., family shelters at Wayside or VOA). As with other homeless services, non-white individuals make up a disproportionately small share of the population that the LBS serves. Thirty percent of clients who stayed at the LBS reported either a chronic health condition, physical disability, or both, and 30% of clients reported a mental health problem. Although stays have ranged from one day to over a year, the average stay is two weeks.

Key Outcomes: Occupancy has been steadily high, and sometimes over capacity (102%). Funding allowed for staff additions (including supervisory staff) and covering the cost of increased utility use, food, clothing and laundry services (for clothes and bedding) for the additional 100+ clients in the LBS space. Funds were also used to pay for extra cleaning that was often necessary around the outside of Wayside's Emergency Shelter property at Jackson and Jefferson Streets, where many unsheltered individuals camp under the overpasses. Case managers, peer support specialists, and interns from the UofL Kent School of Social Work worked through this funding period to provide services to clients at Wayside. Wayside also offered transportation for clients to and from appointments. Collaboration and communication with additional partners (i.e., Brown Cancer Center, Kentucky Lions Eye Foundation, Heuser Hearing Institute, Jefferson County Public Schools, Child Protection Services, and visiting nurses) were important through this process in order to make referrals to specialists and to meet clients' additional needs. Some legal aid and accompaniment with court proceedings were provided by Wayside's COO, who is an attorney.

Barriers: Being routinely at-capacity in the LBS means more than 100 people are sheltered who weren't before, and this allows Wayside the opportunity to further help individuals experiencing homelessness address barriers to moving into housing. Still, the transition from the street to LBS for some clients is challenging. Substance abuse, criminal behavior (including stealing and drug trafficking), and violence are some of the many issues involved in operating the LBS. **For safety reasons, Wayside added new rules, and clients can now be temporarily barred (e.g., out for seven days) for disregarding expectations of respect and safety.** As they piloted the LBS, Wayside administrators determined that eight out of 10 individuals staying there had extensive criminal backgrounds. They modified their check-in procedures to include a search for contraband and weapons, and limited entry to the LBS to a designated time daily.

Other changes have included adding cameras, guards, a security manager, and supervisory staff. Security duties pose a special challenge, and even offering \$50/hour hasn't attracted any off-duty police officers to this position. Because of this, Wayside often pays clients to hold security positions.

"We've been able to be a stop-gap for a lot of families that would just find themselves living in their cars ...or in buildings or camping out. That's a good thing to keep them out of those situations where they at least have showers and real restrooms...and they have access to clothing. They can store their things. We have 75 locking storage units in that low-barrier shelter.... Folks have been able to preserve their belongings while they're getting more situated and getting into a permanent position. There's a lot of pluses there."

Table 9: Clients Served by Wayside Christian Mission's Low-Barrier Shelter

Total Individuals Served = 934			
Households Served = 878		Count	Percent
Gender	Female	515	55.1%
	Gender Non-conforming	1	0.1%
	Male	407	43.6%
	Not Specified/Unknown	10	1.0%
	Transgender	1	0.1%
Age Group ^{iv}	0-5	3 ⁴	0.3% ⁴
	6-12	12 ⁴	1.3% ⁴
	13-17	8 ⁴	0.8% ⁴
	18-24	59	6.3%
	25-34	158	16.9%
	35-44	180	19.3%
	45-54	145	15.5%
	55-61	104	11.1%
	62+	73	7.8%
	Not Specified/Unknown	192	20.6%
Race	American Indian or Alaska Native	1	0.1%
	Asian	5	0.5%
	Black or African American	343	36.7%
	Multiple Races	45	4.8%
	Native Hawaiian or Other Pacific Islander	3	0.3%
	Not Specified/Unknown	130	13.9%
	White	407	43.6%
Ethnicity	Hispanic/Latino	30	3.2%
	Non-Hispanic/Non-Latino	892	95.5%
	Not Specified/Unknown	12	1.3%
Status	Chronically Homeless	207	22.1%
	History of Domestic Violence	230	24.6%
	Veteran	52	5.5%
Health Conditions	Alcohol Abuse	41	4.4%
	Both Alcohol and Drug Abuse	99	10.6%
	Chronic Health Condition	195	20.9%
	Developmental Disability	84	9.0%
	Drug Abuse	60	6.4%
	HIV/AIDS	4	0.4%
	Mental Health Problem	285	30.5%
	Physical Disability	218	23.3%

^{iv} The data here regarding the number of children served at the low-barrier shelter are what were reflected in original reports from HMIS, but these are now known to be underestimates. More recent communications suggest that at least 109 children (0-5-year-olds = 39 or 3.8%, 6-12-year-olds = 53 or 5.2%, 13-17-year-olds = 17 or 1.7%) were served at Wayside's low-barrier shelter. This is a conservative estimate of the number of children served over the 10-month funding period.

Collaboration: The LBS is not a good fit for families with children and some individual participants, especially ones who require assistance with self-care, and who need higher levels of support. There is a steady effort to move clients from the LBS to other shelter spaces where they can get the consistent help of case managers. For example, some women have been moved to the Wayside Women's Shelter, some men to the Men's Shelter, and some have accessed housing. Wayside also works to move families to their Family Shelter whenever possible, but some of those efforts have been unsuccessful (e.g., due to continued substance abuse). **This need to continue to try to move clients from the LBS to other spaces has been helped considerably by the addition of beds at the Salvation Army's Healthy Shelter. This is one example of how collaboration, sharing and communication among partners and other community resources improved across these funding cycles. Wayside benefited from expanded relationships with other partners, including Salvation Army's Joy Center, Family Health Centers, and other shelters.**

Participant Perspectives: Individuals who have used the LBS describe the space as crowded and say safety is a big issue, especially for children. Women, in particular, report fear and concern regarding the open arrangement for men, women, and families. Some report being harassed by men and asked for exchange of sexual favors. Reports surrounding case management were mixed, with some indicating they had a case manager (e.g., helping with housing, and hoping for housing voucher), some saying they had a case manager but that person hadn't yet been helpful, while others didn't yet have one (at least two interviewees had just arrived at LBS within the past few days). Connections to case managers from other agencies were reported. Many who were interviewed had met or were scheduled to meet with the Common Assessment Team and/or Phoenix Health Center staff. Case management seems more likely for individuals once they have been moved from LBS to other Wayside programs; those who were originally in LBS who have moved reported that it has been better for them. LBS clients generally didn't seem to know about options for storage (at Wayside or Salvation Army), and those who did know indicated storage was full at LBS. Some who were interviewed seemed unclear about next steps in the shelter or housing process and felt the need for improved communication and contact. **Many reports indicated that clients were just waiting and 'treading water' (whether in LBS or other shelter spaces) and that the process was slow (e.g., waiting to hear back regarding food stamps and unemployment, waiting for permanent supportive housing).** A client in the Family Shelter who had previously been in the LBS described past problems with landlords increasing rent after rapid re-housing, which made it hard to pay rent once support was exhausted. The need for resources for single fathers was also discussed. **Many clients said they would be on the street were it not for the LBS or other emergency shelter services at the site (e.g., the LBS "has been a blessing").**

Lessons Learned: This work for current LBS staff is especially labor-intensive and draining, as the population they serve has many specialized needs. Regular staff meetings, communications, and monthly reports have been important for self-evaluation and quality improvement. Over the year-and-a-half the LBS has been open, Wayside has worked to increase communication strategies to include more front-line LBS staff (as opposed to only supervisors) in meetings, and to involve more team members in brainstorming solutions to the challenges they have faced.

Next Steps: Wayside hopes to increase their number of case managers and peer support team members, and to offer more training for their front-line staff in peer support, aiming to "increase their knowledge and confidence in working with Wayside's clients." Wayside is starting a Mobile Meals Program at three different sites for breakfast, lunch and dinner, which aims to help people where they are, and is continuing their Home Again Program, which transports individuals back to family within a 500-mile radius of Louisville for free. Additional funding from Louisville Metro Government will support a much-

needed Transportation Program to help clients in any shelter get to and from medical appointments, housing searches and other case management efforts.

Wellspring

Project Summary: The ACT Team at Wellspring offers wraparound services to clients with severe and persistent mental illness. These services include intensive case management, peer support, access to psychiatric care, and efforts toward finding permanent affordable supportive housing. Funding allowed Wellspring to hire a Lead Clinical Supervisor for the ACT Team, and partially offset costs to other team members including two part-time psychiatrists (who are now available via telehealth due to COVID-19).

At the end of the 10-month project period, the team supported 48 clients, 33 of whom had moved into housing since initiating contact with the organization and 48% of whom are also dealing with a co-occurring substance-use diagnosis. Partner organizations have noted the ACT team has been quick to respond to a referral when they have identified someone who might qualify for ACT services; the program has assessed 85 referrals this year.

Demographics: As a mental health treatment provider, Wellspring offers services to individuals with a mental health diagnosis, which was the primary eligibility criterion for this program. Most clients served by Wellspring were male (65%) and 85% were between the ages of 35 and 61 (Table 10). Fewer senior and young adults were served by Wellspring. Half of all clients were white and one third were Black or African American. Nearly all identified as non-Hispanic (97%). More than half (55%) are chronically homeless. Additionally, more than half had a physical disability (52%) and 43% had a chronic health condition in addition to mental health issues.

Key Outcomes: The ACT Team has had success in getting 100% of clients to meet with their medical providers, and with persistent support services, has helped clients stabilize (e.g., individuals who were disruptive and perhaps at-risk of eviction over their behaviors). In fact, clients have demonstrated an average 24% reduction in psychiatric symptoms. **Being mobile, flexible, responsive and consistent has been key to building strong collaborations with partners, and trust and responsiveness from clients. For example, the ACT Team has worked hard to meet people where they are, to provide transportation and accompaniment to appointments, and to have steady access to needed technology as health care has transferred to remote means.** Collaboration with partners has been vital, especially with St. John Center, Phoenix Health Center, St. Vincent de Paul, and UP for Women and Children. Clients can be located, and communication can be maintained across teams—for follow-up; appointment management, form completion; acquisition of IDs, medication, and the like—to enhance continuity of care.

"We want to make sure that we focus on where [the client] wants to live. We don't want to just put them somewhere. Their preferences matter to us... We have a client right now, she wants to be close to her family, so we do have some landlords that we use, but we also have the ability to make sure that we get what the client wants when it comes to housing. Once we locate the housing, we submit the paperwork, the application, have the housing authority do the inspection, and then we move them in, and assist them with...furnishing the apartment, basic needs, if it's food, teaching them how to keep the apartment clean, all things like that."

Table 10: Clients Served by Wellspring's ACT Team

Total Individuals Served = 60		Count	Percent
Gender	Female	20	33.3%
	Male	39	65.0%
	Transgender	1	1.7%
Age Group	25-34	8	13.3%
	35-44	23	38.3%
	45-54	16	26.7%
	55-61	12	20.0%
	62+	1	1.7%
Race	American Indian or Alaska Native	3	5.0%
	Black or African American	20	33.3%
	Multiple Races	7	11.7%
	White	30	50.0%
Ethnicity	Hispanic/Latino	2	3.3%
	Non-Hispanic/Non-Latino	58	96.7%
Status	Chronically Homeless	33	55.0%
	History of Domestic Violence	21	35.0%
	Veteran	4	6.7%
Health Conditions	Alcohol Abuse	3	5.0%
	Both Alcohol and Drug Abuse	22	36.7%
	Chronic Health Condition	26	43.3%
	Developmental Disability	16	53.3%
	Drug Abuse	7	11.7%
	HIV/AIDS	1	1.7%
	Mental Health Problem	60	100.0%
	Physical Disability	31	51.6%

Wellspring has a history of and unique access to mainstream housing vouchers and Olmstead Housing Vouchers through Louisville Metro Housing Authority (LMHA). Wellspring staff also recognize that assessing and listening to a client's needs is important to their success once the client is housed. Beyond the initial move, Wellspring's ACT Team continues to support clients to make sure they maintain permanent housing, which is especially important as some clients have never had independent housing or have lost housing for any number of reasons.

Having pre-existing, well-informed plans, as well as extensive experience and training among the ACT Team, were all critical to Wellspring's quick response and the steady traction and success this program has seen. Importantly, Wellspring holds regular meetings to discuss and measure success in different ways, and this has allowed a variety of views of the ACT Team's impact.

Participant Perspectives: Clients who were interviewed about their use of Wellspring services shared similarly positive reports (e.g., “best thing to happen to me;” “Godsend;” “they will love you until you can love yourself;” and reports that Wellspring has helped them make important, big life changes). One reported jail time and substance abuse and had previously considered suicide. Clients who were interviewed reported being grateful for time with their therapist and assistance with doctor’s visits and securing medication, along with help in securing and furnishing their current apartments. Some prior experience with storage, outreach and LMPD at encampment was reported, and referrals came variously from St. Vincent de Paul, St. John Center, and UP for Women and Children. Comments from participants suggest they expected the process of accessing housing to take longer (e.g., for one client it took two to three weeks for paperwork, orientation, and inspection).

“To take something very basic: substance use—and, especially when it comes to trauma-informed care—we’re not looking to say, ‘oh, they need to quit using and be sober.’ It might just be harm reduction. It might be symptom management. What we’re observing is kind of, ‘What’s the goal? What are we looking for so that their mood is better, they’re more active. Are they engaging more?’ So, what we do for each client is try to identify what’s realistic for them. What’s the goal for them that would show progress? Some of it is obvious, going ‘Ok, did they obtain housing? Are they taking medications, but also being proactive and making sure that, once we get them housed, what else can we do? What else do they want to do so that it doesn’t just stop at getting them housed. It’s okay, are they looking for employment? Are they looking for benefits? Are they looking to connect with groups or reconnect with family? Things like that.”

Barriers: Barriers remain as access to other state funding—that allowed Wellspring to pay for things like security deposits, first month’s rent, helping people set-up housing—becomes more restricted. Moves into housing have averaged 123 days, in part due to factors such as the need for extended hospitalizations or

clients presenting with complex histories including legal issues and foreclosures. COVID-19 has also posed barriers to quick moves through office closures, worker limitations, and slowed processes across the system. The lack of sufficient affordable housing in Louisville Metro presents challenges as well.

Next Steps: Wellspring will be able to expand services and staff under the next phase of Louisville Metro Government funding. With other grant support, Wellspring has plans for staff trainings in which they hope to include community partners.

Themes across the Nine Funded Projects

Several consistent themes emerged across the span of this funding period and the myriad reports, meetings, and interviews in which the providers and Evaluation Team were involved.

Collaboration and Partnerships

Although the \$1 million of funding was allocated to nine distinct agencies for a variety of programs, the overarching goals of the initiative include providing a seamless continuum of care, dissolving barriers to both services and housing, and mitigating underlying issues that lead to homelessness. A citywide problem cannot be solved without citywide collaboration, and one recognizable gap in the past has been the lack of coordination among groups doing the work. However, this initiative has made substantial progress in closing this gap, with positive results.

Recipients of Louisville Metro funding have been required to attend a monthly meeting coordinated by RCS; the Coalition for the Homeless is represented at these meetings as well. **These monthly meetings have established an unprecedented level of communication between city government and homeless service providers and have presented opportunities to recognize and resolve systemic barriers to quickly moving individuals and families from homelessness to permanent housing.** Furthermore, now due to COVID-19 service providers are meeting at least every other week for additional outreach coordination to address concerns regarding specific individuals and families who have presented as most vulnerable and require the most support from many providers.

“This specific project really seems to me to have really homed in on a concerted effort and really all coming together at the table to tackle this issue.”

Importance of Monthly Meetings

Funding recipients were uniformly positive about monthly meetings with the Office of Resilience and Community Services and outreach coordination meetings. These routine gatherings were opportunities to better learn what other agencies do and what role they serve in the CoC, identify and solve systemic problems, and develop relationships among providers to better support their clients. Providers indicated that these meetings were invaluable for many reasons, and collaboration and communication among partners was key.

“The greatest benefit of this grant is the connection that we’ve made with our partners. Absolutely.”

The meetings served as formal vehicles for collaboration and increased systemic efficiency as communication was more consistent and uniform. Meetings and collaboration have helped teams to be more involved and more effective, as they voiced a noticeable change in feeling integrated into a community of providers rather than siloed in their work. Providers said that, despite prior work in the CoC, appreciation for their colleagues in other agencies has grown over the past year, as **working together has increased their feelings of being one team to address homelessness in Louisville.** Although each agency worked to meet their own objectives and metrics, and honors their own values in their approach, success was defined by moving someone into housing—knowing that it took the effort of many people to achieve the goal.

“I think the monthly meetings with other individuals from this funding [were] very helpful because we were able to really come together as a unit in this community and we weren’t so siloed with our services. We came together as a team and could really ask questions when needed and refer out when needed. This funding has just obviously enabled us to increase our capacity, but also really expand our resources, which gives our clients more options for help.”

The need for teamwork became even more apparent over time, especially regarding outreach. The onset of the COVID-19 pandemic shifted the workload of all homeless services. As shelters adjusted their workflow and agencies ceased to have onsite volunteer assistance, normal operations became restricted and the capacity of these essential workers reached its limit. In particular, the onset of the pandemic increased the need for communication among outreach providers, who adjusted their meeting schedule from monthly to biweekly, working to ensure camps had what they needed, and individuals didn’t fall through the cracks. Moreover, the meetings served as conversation starters, not end points, as providers found themselves calling each other more frequently to follow up about someone specific, or

to make a warm handoff.

"In my experience, that meeting's overwhelmingly positive... We have talked in there about how to get [someone] a bed and then followed up on getting them into a bed. [Or] 'do you have any referrals that you're worried about, that you're having trouble finding?' So, I think that meeting really serves an important purpose in the community and it's been a very positive experience for me."

The evolution of collaboration has meant that clients are now getting quicker responses, better access to resources, and higher quality care. The team understands the processes and the resources better because of this initiative, which in turn provides greater continuity and a stronger Continuum of Care that benefits the outcomes of those experiencing homelessness.

"I think that all of this coordination, these expanded services, have helped us meet that end, to just helping people make the connections they need and the hand-offs they need much more effectively and efficiently."

Sharing successes and struggles

Moreover, sharing success stories and struggles is a crucial part of the process for both client care and self-care.

"...how valuable it has been...to share some of the same struggles and the same victories with other partners. So, whether it's at those Monday morning...encampment meetings or meeting at Metro with all the [funding] recipients...it was really just kind of a time for people to voice frustration and celebrate small victories...To really kind of have that human aspect to it was really helpful to me."

"Getting to meet everybody and put a face with a name or a face with an organization was extremely beneficial.... Just to see and hear some of the personal stories or struggles or accomplishments that they were going through was really neat. What I really enjoyed are the email chains. I'm on several different email chains with groups of individuals who might have a question. 'Hey everybody, I have a question. I'm going through this. Can anyone help me answer?' Or 'Would you all have a suggestion?' It's really ...taken away from us being so siloed and working together as a team... I know that we are all competing for funding, but at the same time we're all trying to serve the same purpose, which is making our city a safer and better place and helping vulnerable populations... That's been the most rewarding part...working together with other agencies."

"I think it not only helped us identify new places that we need to serve, it's helped us identify new resources. It's also helped build better rapport, I think, between both the homeless service providers and the population we serve with the police. Especially at a time that police may not always be looked at in the most trusting way. Law enforcement faces some real image challenges now, so I think that the support that we've had with those officers coming in has been mutually beneficial for both us and them."

Complex client needs

Additional themes surround the challenges of meeting client needs and measuring success. The needs of clients are complex. Despite the increased care coordination, the barriers some clients face take a lot of work to resolve.

"I can just share that... it's just hit home how complex the needs are. We could have all the right people in the room, we could have all the good intentions, however, it's still a struggle. So, I think that's the biggest takeaway I have as I look back on notes and some of the same names keep coming up. And it's people who I know are getting services from our outreach team and from assessment and volunteer groups. They're getting services, just they have complex needs."

Measuring Success

With that, progress is often nuanced, and success is hard to measure. Providers demonstrate passion for their work, and repeatedly display their commitment to service. Yet, the work can be overwhelming, especially knowing that the root causes of homelessness persist, and many more people in the community experience housing instability.

"Oftentimes we don't have these large numbers to go back to the public and say, 'Oh, 200 people are not homeless this month because of [our specific] services.' ... I think externally, maybe what we're doing doesn't look as glamorous as far as the numbers. But we know the immense value in the work, in that overall, helping all those folks, one person at a time really does make a big difference, whether it's at an individual level or collective level."

"It still feels like the extent of homelessness is just never ending, and whenever we resolve it in one area, another one opens. So, I think we've learned that we can be strategic in addressing a certain area, and better serving a group like we've done with encampments here. But there's going to be something else popping up at the same time...So, that's a challenge, just staying on top of what the biggest need is. Prioritizing that need when the reality is that all of them are important."

The proudest moments come from helping the most hard-to-serve individuals. Providers know that consistency builds rapport and trusting relationships with clients. Even when someone appears to resist services, outreach teams persist with wellness checks, making connections and offering resources as they are able. Small victories lend themselves to celebration—which has become an intentional part of every meeting of this group of providers.

"Someone you've seen out for years that you've almost given up on being able to serve effectively. Being able to reach them makes a huge difference and makes us feel like we're doing what we're intended to do."

Quality, Trauma-informed Care

The UofL 2019 report had made prior recommendations to continue developing a more intentional climate of caring and connection throughout services in the CoC which would aim to ensure all staff providing services are competent in trauma-informed and culturally sensitive care. This included providing intentional and ongoing training for all staff throughout the year with the goal that clients and staff alike feel safe in care environments, know that their voices are valued, and have the opportunity to make their own choices as adults.

Providers agreed that the funded services were helpful in expanding their ability to provide quality care to their clients. In response to questions regarding trauma-informed care practices, some providers described their crisis intervention teams and/or partnerships with counseling agencies where clients can

be referred as needed. Importantly, seven of the nine funding agencies specifically reported trauma-informed care training for their staff, and further referenced routine conversations and/or standing agenda items about trauma and secondary trauma.

“Our staff... kind of made it our mission to push each other on both being low barrier and being trauma-informed. So, if someone is maybe going to be barred from services... we try to make it as objective as possible and challenge each other to kind of look at things from that trauma informed lens.”

Some providers described similar content in their strategic plan and/or procedural changes they have put in place to apply trauma-informed practices. Many providers mentioned their steady awareness of clients’ psychological, social and emotional needs, as well and the importance of choosing appropriate language, recognizing that clients have experienced trauma and have regular conversations with staff about these challenges.

“It's really, we try to make it at the heart of everything that we do. Everyone that has worked with us has received trauma-informed care [training] in some capacity. And...this project in general...we're reaching people that are hard to reach that don't engage in services, and a big component of that is being trauma-informed. We understand that someone may not want to go for mental health treatment ...because the prospect of being in a crowded waiting room is too difficult for them, or too triggering for them. So, we are able to offer some of those services on-site, or even to help arrange... for them to come in the back door...so they don't have to...wait in that crowded waiting room...I think kind of the heart of housing first, and trauma-informed care is them meeting someone where they are. And all of these outreach efforts help us do that so much better than we would otherwise be able to. And just having a clinic standing there, you can build it and a lot of people will come, but there are some that won't and those are often the ones that we really feel like we need to reach the most.”

Feedback from funding recipients also referenced specific training resources or key personnel that are accessed to keep staff current on best practices. Some included online training modules, or trainings offered locally or nationally on relevant topics (e.g., National Center on Domestic Violence, Mental Health and Trauma, key professionals from UofL and Kent School trainings, trainings offered by Brooklawn, specific trainings for peer support specialists and case managers, etc.). Trainings, practices and interactions such as these seem to promote staff trust in each other and the opportunity for seeing team members as able to judge the situation and make sound decisions in the moment.

With regard to staff self-care, many providers described their practices of: (1) planning time for staff to talk about and process their experiences, brainstorm and problem-solve through challenges, and even implement some of their ideas, (2) creating and supervisor checks of staff self-care plans, limiting work schedules to 37.5 hours per week with recommendations for setting boundaries regarding checking e-mail and phone messages after work, as well as (3) accommodating requests for breaks or time off.

“It's okay and in fact, it's encouraged to step back and say, ‘Oh, man, that engagement was really tough. I'm going to sit in my office for 20 minutes with the door closed,’ or whatever it might be. We try to foster that sense of awareness.”

Some of these practices seemed especially important through the COVID-19 pandemic, the protests and social unrest. Some providers discussed their specific focus on wellness, self-care and recognizing staff burnout (e.g., mental health or self-care days, a self-care corner, wellness scholarships). Some sites also described their Employee Assistance Program and/or team members with clinical skills (e.g., trained in

such things as art therapy or Eye Movement Desensitization and Reprocessing) whose services are available to staff.

Some interviewees described continued efforts toward executing their trauma-informed approach. These included such things as creating new policies, procedures, and paperwork; working on being more transparent and trustworthy; creating safer spaces for clients and staff; as well as plans for future organization-wide trainings for staff that may be open to additional community partners.

Finally, some providers described supporting staff to pursue additional training they think they need.

"I am constantly training on all sorts of different...topics...for our homeless and housing insecure population. I do a little bit of everything. And so I'm...constantly trying to connect with folks who have more experience in an area...than I do and learning more so that I can better assist our clients, better advise them and better connect them with [services]."

Mitigating Factors

Ultimately, being adaptable is critical—as individual service providers, as agencies, and as a CoC. As the landscape of homelessness changes, new needs arise, and more barriers to housing become evident. Local leadership and national policy changes affect available resources. Environmental crises are unpredictable and hurt the unsheltered population more than people who have homes. The CoC has been able to respond quickly and adeptly to recent challenges, and the increased collaboration among providers has played a role in the ability to find solutions in tough situations.

Response to COVID-19

COVID-19 has so far sickened remarkably few people experiencing homelessness, according to the people interviewed for this report. This very good news comes thanks to the population's relative isolation and the intensive effort and coordination of service providers. Feedback from providers indicated that coordination was aided by the additional funding and focus on communication. At the same time, the pandemic has strained tight budgets, exhausted and frightened employees, and revealed areas calling for further improvement. Precautions necessitated by COVID-19 have upended routines and services, including transportation, especially for individuals experiencing homelessness. The resulting economic meltdown promises to send even more people into the streets and to providers for help.

As the pandemic approached in February and March, service providers began preparations. Some already were well-stocked with masks, hand sanitizer and other protective items. Some sites had trouble finding these items due to high demand. This is where the contacts and collaboration established over the preceding months as part of this project paid off. Simply being involved in meetings together or having the right name and phone number to call—which they may not have had before the funding and regular meetings—sped the acquisition and sharing of needed personal protective equipment. One provider, for

"We were able to offer [masks] to all the other shelters. Then we were having trouble getting bleach and hand sanitizer. So, at one of the online meetings, one of the other service providers said, 'Hey, I've got plenty of dry powder bleach.' ...Everybody started sharing resources that they had, which really helped a lot."

instance, had a large stockpile of N-95 masks that had been donated a while back.

In the early stages of the pandemic, it was clear some clients were uninformed or misinformed (e.g., staff reported hearing clients say, “Homeless people are immune to COVID”), so education and wellness checks became a priority. Efforts focused on making sure clients and staff, and those in camps or on the street, were aware of what might be coming and were taking the appropriate precautions and getting protective equipment. For the most part, this appears to have succeeded, even as increasing restrictions on face-to-face meetings meant less in-person outreach and services.

Most providers reported that the pandemic brought a host of logistical challenges and forced them to adjust their plans and operations – such as curtailing one service to free up outside space to safely meet a different, more-urgent need. Those shelters that routinely served food had to cut seating capacity in cafeterias and move some meal service outside. Additional changes to meal services included barring individuals who weren’t staying in shelter from going inside to eat. In some cases, sack lunches were provided outdoors for individuals, or meal services were offered from a food truck onsite or elsewhere in town. But none said any long-term projects – including those made possible by the funding – were completely upended.

For the people experiencing homelessness, the virus may not have made them sick, but it made life much more difficult by closing off most places where they would ordinarily find relief from the weather, or a bathroom, or a power outlet.

“People are miserable, hot, always damp. And then the rain on top of it has been horrible. And then even McDonald’s is closed.... All the plugs are gone and they can’t even charge their phones.”

For some, spending more time outdoors—rather than inside and in more crowded spaces—may be one reason for the relatively low infection rate among this population. Providers also described some other unexpected effects of the pandemic on life for people experiencing homelessness. One has been disruption to established illegal-drug pipelines. (e.g., *“It’s actually strangled off a lot of the product coming through because movement has stopped.”*) But while there may be less

drugs available, it is believed that more of what is for sale is tainted, *“It’s horrible. They didn’t up the drug prices, they just mixed more crud into it. So, we’re seeing a lot of medical issues.”*

Additional unforeseen effects of the pandemic involve restrictions involving housing, such as the eviction moratorium. This freeze has made it more difficult in some cases to get people who are ready for housing into a vacant home. Not only is it harder to get paperwork completed (e.g., while offices were shut down) and handle other logistics, fewer rentals are available, since people who would ordinarily have been evicted are staying put. And with more employed people working from home and paying more attention to their property, some have noticed more of the camps and are calling in their concerns to local police.

“All of a sudden, everybody got really aware of what’s around their house,” one person said. “Because they’re at their house, they find out that the tree line has a camp inside of it. And we’re like, ‘oh, that’s been there for a year and a half. And you just noticed it behind your house?’”

Several service providers said arranging transportation has been one of the biggest challenges amplified by the pandemic. It is one area where additional cooperation as a result of the funding has eased burdens, but also raised questions about providers' roles going forward.

The call for more clarity regarding each provider's role and greater communication among them was a common refrain among providers. The response to COVID-19 showed additional collaboration works and is worth bolstering.

"The collaboration, I think, has helped some with that. Sometimes a partner's willing to step in and help transport someone. But at the same time, it starts blurring the lines.... Are they doing something that's within the scope of their duties to do?"

Social Uprisings against Police Violence

Local protests in downtown Louisville in response to the March 13, 2020, killing of Breonna Taylor—and in support of racial justice for her and countless others—have posed additional challenges to the projects supported by this funding. Shelters generally added or extended lockdowns or shelter-in-place orders and enhanced safety measures at their sites. The protests generated increased tension and stress among clients and staff. Reports suggest that clients generally complied with added restrictions and appreciated the increased security. Staff relayed at least one comment a client made about feeling at risk with the police outside of their shelter. Conversations suggest that some staff and clients were triggered by these events; they have experienced grief over these issues and their relations with police. Some clients have voiced their more general fear and concerns over safety downtown during protests and required some coaching.

Some shelter staff said protesters sought to recruit people from the shelters. Shelters close to the protests had to be especially cautious about whom they let in. Most shelters changed their intake hours and procedures on days when larger demonstrations took place. At least one shelter had clients who went out to protest.

Logistically, staff experienced some difficulty in getting past roadblocks even with a letter stating they are an essential worker, which posed additional challenges to already limited staffing at some sites (due to COVID-19). Navigating traffic and getting across the bridge and through downtown during the protests made for longer, stressful commutes and late arrivals.

Demonstrations also resulted in many visible changes to Jefferson Square, which attracted both protestors and individuals on the street and later saw the emergence of an encampment. This camp, its occupants, and all belongings were removed following the shooting death of local photographer Tyler Gerth in Jefferson Square in June. Some clients at different sites discussed having known Mr. Gerth's shooter or having known David McAtee, a Black man who was shot by the Kentucky National Guard in Louisville during these protests.

During a demonstration, one shelter couldn't get LMPD to come to a call regarding a significant safety issue with a client. Shelter staff reported an awareness that police 'would not be responding to calls' from shelters during these more intense protests. Participant interviews included statements about not being able to make a report at police stations, concern over places being closed and not safe, and fear about interactions with police (some, perhaps, due to illicit drug use or criminal history).

Evictions

Homeless service providers say a wave of evictions is looming and that families are most at risk. With COVID-19 and quarantines this will mean even greater instability for them. Providers expect more families to double up, and that more people will live in their cars. The trickle down will likely be slower to street homelessness or camps.

Evictions are likely to affect social services, such as area community ministries, more than the emergency shelters, initially, because the family shelters are full. Some sites, like St. Vincent de Paul, will be doubly affected by the increase in evictions because they won't only see more people seeking services, but also must work with tenants of the apartments where they are both landlord and provider of supportive services.

The Coalition has their Eviction Prevention and Diversion Team, and many sites have done eviction prevention work for some time—within the homelessness system these programs are expected to be the first to be bogged down. Key staff among providers are working with the newly formed eviction prevention cohort group www.stopmyeviction.org, which is being spearheaded by Louisville Rapid Access Network. Case managers are being given additional emergency assistance clients and their case load also includes rent-assistance clients who are gearing up for evictions.

Providers are preparing to offer safety nets along the way. For example, Wellspring can become their clients' payee so that if they have social security income, Wellspring can manage that and make sure the landlord and utility bills are paid. The Legal Aid Society is working to train additional volunteer attorneys to prepare for the influx of evictions, and to be present in remote eviction court, which is the current operating procedure due to COVID-19. The Court is also allowing in-person appearances for eviction cases, though there are reports of defendants being turned away from entering the courthouse. Louisville Metro reached out to Legal Aid to create a new team member who will be present in eviction court to try to connect people to legal services and with resources related to rental assistance that Louisville Metro administers with other community partners.

Analysis of Eviction Filing Data, Fiscal Years 2016-2020

The Jefferson County Administrative Office of the Courts (AoC) provided Louisville Metro Council with data for Forcible Detainer cases (i.e., eviction filings) that occurred from July 1, 2015, through June 30, 2020. The dataset includes the following information: filing date, disposition date, case number, defendant name, defendant address, case disposition, eviction notice, eviction warrant, and whether the judgement decision was in favor of the defendant or plaintiff. Information on the plaintiffs (i.e., the landlords) wasn't included in the dataset. This data set contains a total of 81,511 records.^v For the analysis presented below, the data are organized by fiscal year according to the filing date to describe patterns from fiscal year 2020, which aligns with the period of analysis for this evaluation report. Trends are analyzed from fiscal years 2016 – 2020. Data from fiscal years 2016 – 2020 include a total of 80,393 observations. Of these records, 79,189 were geocoded. The remaining addresses (n = 1,205, 1.5%) were either listed as “unknown” in original dataset or unable to be geocoded. An eviction filing rate is calculated by dividing the total eviction filings by the total renter-occupied housing units (n = 118,979) in

^v There are 1,108 cases included in the dataset that are from periods prior to July 1, 2015. These cases are not included in this analysis. Additionally, these data contain both residential and commercial evictions.

Jefferson County, using 2018 American Community Survey 5-year estimates.

Recent analysis in the academic literature highlights common issues with administrative eviction data across the U.S., including ambiguous and inaccurate records, in part due to the volume of eviction cases processed.³ Applying this framework to the data received from the Jefferson County AoC, 312 (0.4%) opaque cases were identified, where a judgement is the outcome, but it was unclear whether the outcome was in favor of the plaintiff or defendant. The data also contained 7,658 serial cases (9.4%), where the tenant name and address are identical, which could be indicative of cases involving the same landlord repeatedly filing against a tenant. However, since there is no landlord information in the dataset, it is impossible to determine if the landlord is identical.

Data ambiguity and inaccuracies are important to understand for several reasons. They can misrepresent eviction estimates and, even more importantly, potentially lead to incorrect reporting on tenants' records, which can limit their ability to obtain housing because landlords regularly deny rental applications from persons with eviction records.⁴ Serial filings are important to understand because research shows how landlords—particularly property owners with a high volume of units—commonly use eviction filings to extract overdue rent payments from tenants rather than to remove tenants from the property.⁵

Total Eviction Filings and Eviction Filing Rates by Fiscal Year: 2016-2020

Between 2016 and 2019, the eviction filing rate in Jefferson County hovered around 14%, with more than 16,000 evictions filed during each year (Figure 5). In other words, during a “normal” year where renters aren’t facing a global health pandemic and associated economic crisis, about 14% of renters are potentially being displaced through the eviction process. The data also highlight the effectiveness of the eviction moratorium and likely, expanded unemployment benefits, in keeping people in their homes—a necessity during the coronavirus global health pandemic where social distancing is necessary to protect oneself from the virus. During fiscal year 2020, the eviction rate dropped to 10%. While over 12,000 evictions were filed during fiscal year 2020, just 13 filings were allowed to proceed during the second quarter of 2020, coinciding with the governor’s statewide moratorium and the federal moratorium enacted through the Coronavirus Aid, Relief, and Economic Security (CARES) Act.^{vi}

These data can’t tell us how many renters become homeless due to an eviction. However, evictions are shown to limit residential mobility.⁶ **An eviction may not immediately result in homelessness, but an eviction filing or judgement can remain on a tenant’s record making it more difficult to find housing.**⁷ “Landlords can screen potential tenants through the Jefferson County Sheriff’s Office database of evictions which makes no distinction between eviction filings and eviction judgments in the record-keeping. Therefore, if a tenant paid back rent or negotiated a payment plan with the property owner, this information is not evident to landlords using the database.”⁸

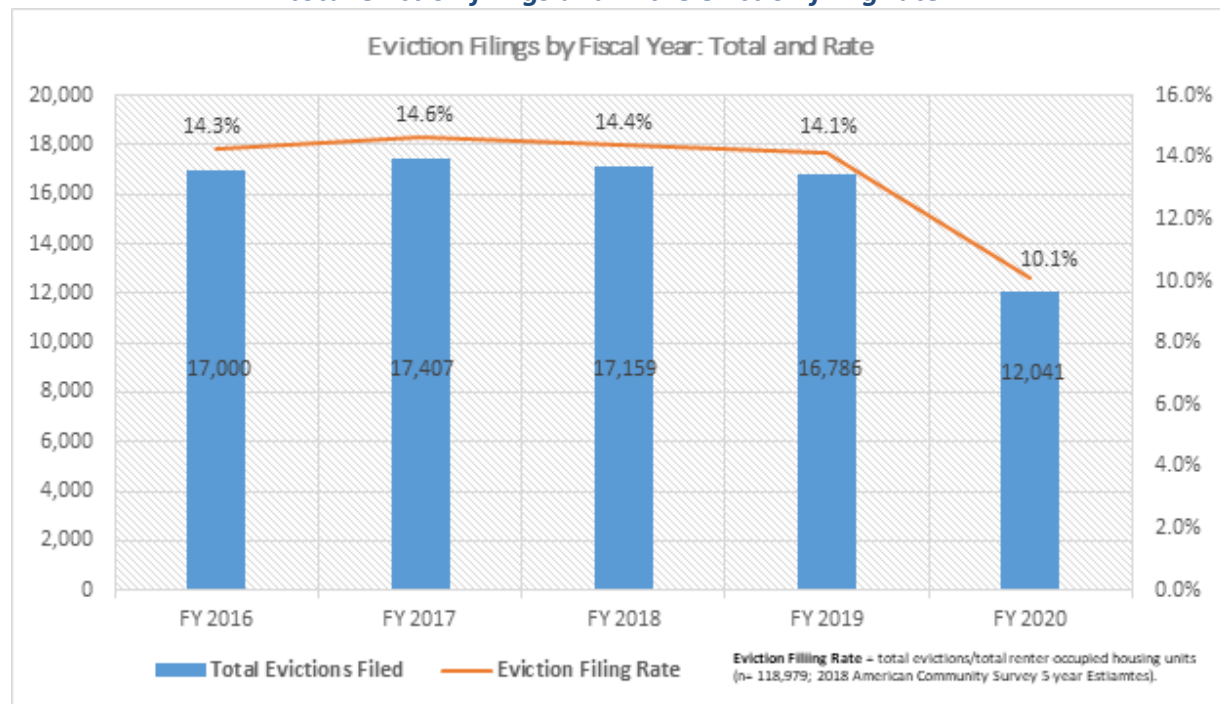
Compounding these barriers to housing from evictions is a limited existing supply of housing that is affordable to the lowest-income households in Jefferson County, with affordability defined as spending of no more than 30% of income towards housing costs (i.e., rent and utilities). **The 2019 Housing Needs**

^{vi} The outcomes of these cases were as follows: 3 were dismissed; 10 judgements were granted in favor of the plaintiff and 1 judgement was granted in favor of the defendant.

Assessment identified a need of over 31,000 units for households earning 30% or less of area median income.⁹ In other words, there isn't enough existing affordable housing for more than half (54%) of the lowest-income households in Jefferson County.

While multiple factors can contribute to an eviction, inability to pay rent is a primary cause.¹⁰ In Louisville, median rent increased by 13.8% between 2000 and 2017, from \$703 to \$800.¹¹ Research has shown a \$100 increase in median rent is associated with a 15% increase in homelessness within a metropolitan area.¹²

Figure 5: The eviction moratorium enacted in March 2020 resulted in a substantial decrease in total eviction filings and in the eviction filing rate.



Outcomes of Eviction Cases by Fiscal Year

From fiscal year 2017 to 2020, most eviction cases were either decided after a court trial or were dismissed (Figure 6). Judgment after a court trial means the case was heard by a judge, who then rendered a verdict in favor of the plaintiff (i.e., landlord) or the defendant (i.e., tenant). This is the most common outcome (between 51% and 57% of all cases) during these fiscal years. The second most common outcome is dismissal (between 43% and 48% of all cases).^{vii} Less than 1% of cases were decided by default judgement, judgment by jury trial, settled before trial, or other. The one exception is in fiscal year 2016, when nearly three-quarters of all cases are classified as “other,” which signifies a disposition

^{vii} When a case is dismissed, the plaintiff (i.e., landlord) can refile, if necessary. For instance, a case can be dismissed if the plaintiff does not give the tenant proper notice to cure the reason for the eviction (e.g., a 7-day notice is required to pay rent prior to terminating the lease agreement under the Kentucky the Uniform Residential Landlord and Tenant Act).

with no code for in the Kentucky Circuit Court Clerks' Manual. These may be an example of opaque cases with unclear outcomes.¹³

While defendants are entitled to a jury trial, the data indicate just how rare this outcome is (0.005% of all cases), which is likely the result of tenants who appear for court being unaware of their rights. While the empirical literature establishes that many tenants don't appear in eviction court, resulting in a default judgment, this outcome is also rare in the Jefferson County data, and could be indicative of another type of inaccuracy.¹⁴

Research from other cities has established that among tenants appearing in court, most don't have the support of legal counsel.¹⁵ With the rise in public consciousness regarding eviction in recent years,¹⁶ cities such as New York, San Francisco, and Cleveland have increased access to legal counsel for tenants facing eviction.¹⁷ These types of interventions help reduce the likelihood of judgements against tenants.¹⁸

Figure 6: Most eviction cases are decided by a judge after a court trial. Jury trials are almost nonexistent for eviction cases.

Disposition	FY 2016		FY 2017		FY 2018		FY 2019		FY 2020	
Default Judgement	0	0.00%	1	0.01%	3	0.02%	2	0.01%	0	0.00%
Dismissed (all types)*	1,580	9.29%	7,450	42.80%	7,498	43.70%	7,434	44.29%	5,879	48.82%
Judgement after Court Trial	2,690	15.82%	9,836	56.51%	9,570	55.77%	9,311	55.47%	6,155	51.12%
Judgement after Jury Trial	3	0.02%	1	0.01%	0	0.00%	0	0.00%	0	0.00%
Other	12,727	74.86%	118	0.68%	87	0.51%	39	0.23%	7	0.06%
Settled before Trial	0	0.00%	1	0.01%	1	0.01%	0	0.00%	0	0.00%
Total	17,000	100%	17,407	100%	17,159	100%	16,786	100%	12,041	100%

*Dismissed category includes cases coded as follows: "Dismissed," "Dismissed before Trial," "Dismissed 77:02(2)." The vast majority of these cases are "Dismissed."

In nearly every case with a judgement, the ruling was in favor of the plaintiff (i.e., landlord). There was a total of two cases (both in 2020) in which defendants were found not guilty (Figure 7). As previously discussed, tenants often don't appear at court hearings and rarely have legal representation when they do appear. This certainly contributes to the rate at which courts find in favor of landlords, which is essentially 100% of the time, according to these data. Tenants do not appear in court for multiple reasons, including lack of knowledge and understanding of the legal process, timing of legal proceeding during the workday (i.e., eviction court hearings generally occur between 9 and 11 a.m., Monday through Thursday), lack of childcare, etc. Lack of internet or phone access is proving to be an additional barrier amid the coronavirus pandemic, as eviction court proceedings have moved to virtual hearings on the Zoom app. Financial barriers generally preclude tenants from acquiring legal

representation. While the Legal Aid Society provides free representation for individuals and families whose incomes are at or below 125% to 200% of the poverty guidelines, their capacity is limited.

Figure 7: Defendants were found not guilty in a total of two cases over five years.

Judgement Outcome	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Judgement for Plaintiff (guilty)	9,621	9,974	9,621	9,401	6,238
Judgement for Defendant (not guilty)	0	0	0	0	2

The final pieces of information included in the AoC dataset are related to documents filed in court related to eviction cases, specifically eviction notices and eviction warrants. Under Uniform Residential Landlord Tenant Act (URLTA), landlords are required to provide tenants with notice as to the legal cause of the eviction (e.g., failure to pay rent or violation of lease agreement). However, according to the AoC dataset, this legal notice is rarely filed as part of the official court document (Figure 8).^{viii} From 2016 through 2020, an eviction notice was filed in 0.12% of all cases (n = 93). This could again be an example of inaccurate reporting within the data.

A landlord is required to have a warrant to physically remove a tenant's possessions, and a law enforcement officer must be present to enforce the removal. An eviction warrant indicates a judgement in favor of the landlord, where the landlord is seeking possession of the property to actively remove the tenant (i.e., the tenant hasn't moved out on their own). From 2017 through 2020, a warrant was filed in about one-quarter of all eviction filings, while in 2016 a warrant was filed in about 12% of all cases (Figure 9). If a tenant vacates the property within seven days, a landlord may not require a warrant to take possession of the property.

Figure 8: While landlords are required by law to provide notice to tenants, these documents are rarely filed in court. A warrant for possession of the property is granted in about one-quarter of all eviction cases.

Court Documents	FY 2016		FY 2017		FY 2018		FY 2019		FY 2020	
Eviction Notice	0	0.0%	0	0.0%	3	0.0%	77	0.5%	13	0.1%
Eviction Warrant	2,115	12.4%	4,396	25.3%	4,315	25.1%	4,369	26.0%	2,697	22.4%

Geography of Eviction Filing Rates, 2016-2020

Figure 9 displays the geographical distribution of eviction filing rates by census tracts for fiscal years 2016-2020 across Jefferson county. For 2016-2019, higher rates of eviction filings were predominantly located in the western half of Jefferson County, including the northwest urban core (e.g., West Louisville) and the more suburban southwestern part of the county, as well as south central Louisville. Both the eastern urban core and northeast Jefferson County had consistently lower rates of eviction

^{viii} There may be another summons/document that serves the purpose of an eviction notice. At the time of publication, the AoC was working to check the accuracy of the data shared with Louisville Metro Government. Any data corrections or updates will be included with the next quarterly data share.

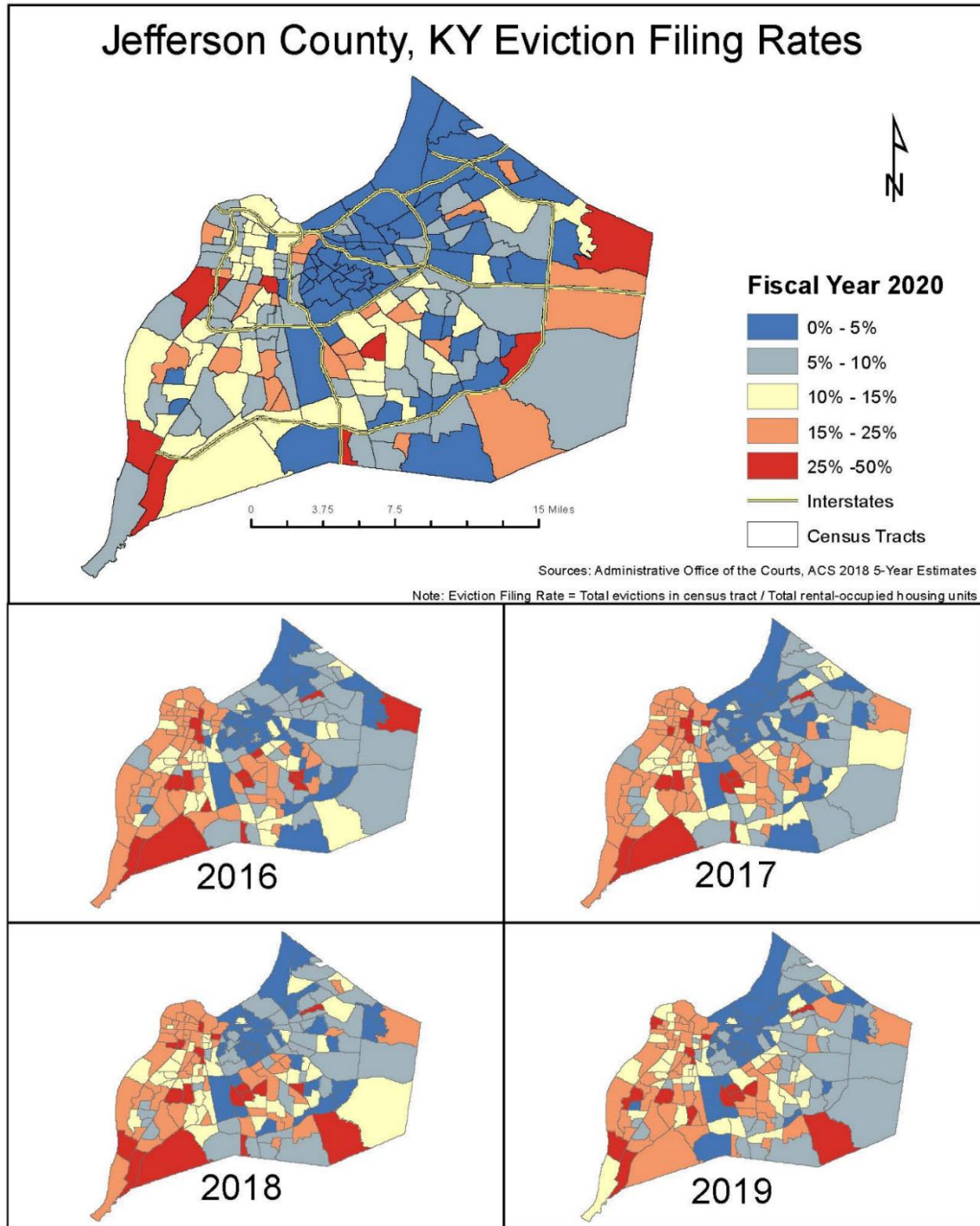
filings. The eviction filing rate is a product of the total number of rental housing units within a census tract. Thus, some of the census tracts towards the edges of Jefferson County with high eviction filing rates have low total eviction filings compared to other tracts. However, the high eviction filing rates in more suburban and exurban locations indicate that the disruption and potential displacement as a result of eviction filings affects renters in all types of geographies. **While data on racial and ethnic identities aren't shown on these maps, the locations with the highest eviction filing rates align with places that are disproportionately home to Black and other non-white Louisville residents. The disproportionate effect of eviction on communities of color is an example of the deep roots and persistence of housing segregation, redlining, and other forms of institutional racism that continue to shape housing patterns in Louisville.** Finally, focusing on the fiscal year 2020 map, it is clear the eviction moratorium helped slow the rate of eviction filings in the places with the highest eviction-filing rates during previous year – specifically, western and southcentral Jefferson County.

Table 11 displays the top five tracts for total eviction filings and eviction filings rates for fiscal year 2020, providing additional context about the tracts highlighted in Figure 9. While the moratorium on eviction filings was in place during much of the second half of this fiscal year, it remains critical to understand where evictions are most prevalent. Figure 9 reinforces that high rates of eviction filings and total eviction filings occurred across Jefferson County in 2020. The top five tracts in terms of filing rates are located within four different Metro Council Districts, while total eviction filings are distributed across five Metro Council Districts, with two of the highest total tracts located in District 2.

Table 11: Eviction filings affect both urban and suburban renters.

Top Five Census Tracts - Eviction Filing Rates, 2020					
	<i>Total Eviction Filings</i>	<i>Eviction Filing Rate</i>	<i>Rental Units</i>	<i>Place Name</i>	<i>Council District</i>
Census Tract 115.20	71	49.3%	144	Central Taylorsville	20
Census Tract 121.03	115	38.1%	302	Riverport/Valley Station	14
Census Tract 121.07	101	33.7%	300	Valley Station/Jefferson Forest	14
Census Tract 127.01	225	32.2%	699	Riverport/St. Dennis	1
Census Tract 35.00	311	30.0%	1038	Algonquin	6
Top Five Census Tracts - Total Evictions Filings, 2020					
	<i>Total Eviction Filings</i>	<i>Eviction Filing Rate</i>	<i>Rental Units</i>	<i>Place Name</i>	<i>Council District</i>
Census Tract 59.00	361	16.2%	2235	Phoenix Hill/Butchertown	4
Census Tract 35.00	311	30.0%	1038	Algonquin	6
Census Tract 113.02	285	26.9%	1058	Newburg	2
Census Tract 112.00	277	17.3%	1601	Bashford Manor	10
Census Tract 114.04	232	22.0%	1057	Newburg	21 and 2
Average per tract	62	9.30%	623		

Figure 9: Eviction filings were concentrated in western and southcentral Jefferson County from 2016-2019. The eviction moratorium enacted during 2020 helped reduce the eviction filing rates in these locations.



A Pending Tsunami of Evictions?

Nationally, through early August, eviction filings remained relatively low compared to average eviction filings across a selected group of 17 cities.^{xi} However, other signs of housing instability were increasing, and one-third of all U.S. renters were projected to be unable to pay rent in August.^{xx} The availability of rental assistance and eviction-prevention funding through the CARES Act may be helping to keep renters housed. While the federal CARES Act moratorium expired on August 24, a new moratorium was instituted by the Centers for Disease Control and Protection (CDC), effective from September 4 to December 31, 2020. The CDC moratorium requires tenants to submit a signed declaration to their landlords, verifying they meet the requirements of the federal order. While this measure will help keep some people in their homes through fall, the structure of the order puts the onus on already vulnerable tenants to sign and submit the declaration. Early evidence points to increased eviction filings by large landlords and private equity firms *after* the CDC moratorium was put in place.^{xxi} Finally, it is important to recall the prevalence of informal evictions, which are commonplace and not captured in data analyzing formal eviction filings.^{xxii}

The statewide moratorium on evictions was lifted as of August 1, and landlords were able to begin filing evictions for non-payment of rent. Across Kentucky, an estimated 26%-42% of all renters, or between 148,000 and 211,000 households, were at risk of eviction in August because they were unable to pay rent.^{xxiii} Prior to the CDC order taking effect, the estimated total eviction filings from August to November was 142,000 statewide.^{xxiv} Translating this statewide estimate to Louisville, according to the 2018 Annual State of Metropolitan Housing report, from 2000-2016 Louisville averaged 66.9% of all eviction filings in Kentucky. Using this annual average, a rough estimate of the eviction filings that could be expected in Louisville from August to November is a staggering 94,998, ***if no assistance is provided.***

The combination of the CDC moratorium, rental assistance programs, and the Jefferson County Eviction Diversion Pilot Project will help mitigate a substantial number of evictions in Louisville. Rental assistance is available to tenants and landlords through both new and existing programs administered by Louisville Metro Government Offices of Resilience and Community Services and Housing, as well as other local nonprofits. However, landlords aren't required to participate in these rental assistance programs and can refuse to accept payment in favor of evicting the tenant.

Research has shown “homelessness can be prevented if support is provided to vulnerable people as difficulties mount.”⁹ At present, the financial resources available to renters facing likely eviction in Louisville does not match the need. **Currently, Louisville Metro Government has \$21.2 million available through federal CARES Act funding to support eviction prevention. However, the estimated need at the end of July was approximately \$100 million.**^{xxv} Without additional resources or more direct action like the cancellation of rent and mortgages, the current eviction crisis will almost certainly lead to greater housing instability and more people experiencing homelessness. This will further strain the shelter system and will likely increase unsheltered homelessness.

⁹ When a case is dismissed, the plaintiff (i.e., landlord) can refile, if necessary. For instance, a case can be dismissed if the plaintiff does not give the tenant proper notice to cure the reason for the eviction (e.g., a 7-day notice is required to pay rent prior to terminating the lease agreement under the Kentucky the Uniform Residential Landlord and Tenant Act).

The Kentucky Supreme Court announced the Jefferson County Eviction Diversion Pilot Project, which began on August 24, 2020 for residential, nonpayment of rent cases, and includes the following stipulations:

- All cases are to be scheduled at specified date and time documented on the Eviction Notice.
- Rental assistance information must be included in the notice.
- Rental assistance information must be shared at the hearing.
- A seven-day waiting period after initial eviction hearing.
- Jury trial request must occur within seven-day waiting period.
- Requirement of remote proceedings, and in-person proceeding only when a party can't appear remotely.^{xxvi}

While this pilot project marks an important step to potentially slow the wave of evictions in Jefferson County, landlords aren't required to participate in financial assistance programs. Similarly, the seven-day waiting period encourages, but doesn't require, a mediation process between landlord and tenant(s) prior to an eviction hearing.

From a racial equity perspective, research has shown Black and Hispanic women are most likely to bear the burden of eviction.^{xxvii} As Louisville Metro Government seeks to prioritize race and equity concerns through initiatives like "Build Back Better, Together" and with Louisville Metro Council's recently established Equity and Inclusion Committee, identifying additional funding sources to prevent evictions should be a top priority. This work should be aligned with the Center for Health Equity's "Healthy Louisville 2025" plan and its focus on understanding and preventing evictions within the ensuring equitable housing goal.

Recommendations

The 2019 report "Solving Street Homelessness in Louisville, KY: Improving the Climate of Care for Individuals Experiencing Homelessness," analyzed Louisville's system of homeless services and resources in the context of established best practices. This report included eight recommendations summarized below, along with a brief explanation of progress made towards these recommendations during fiscal year 2020, and new recommendations gleaned from the lessons learned through the past year. Overall, the evolution of Louisville's system reflects some substantial changes that address gaps noted in the 2019 report. However, many of the systemic elements of these recommendations remain unchanged and require long-term dedicated focus and resources.

Expand and evolve homeless services.

Progress: Several programs implemented with the support of this additional funding from Metro Council expanded services. For example, Wellspring answered the call for an ACT team to work specifically with individuals experiencing serious and persistent mental illness, and provides supportive services even after they move into housing. This has proven to be a tremendous asset to reducing homelessness and keeping people in housing. Additionally, the new LCSW position on Phoenix Health Center's Common Assessment Team and the Sanctuary Beds at St. Vincent de Paul add new capabilities for addressing individuals' mental health needs.

Other services in the CoC have evolved or have been addressed more intentionally through planning processes. As this report has noted, service providers have increased collaborative efforts. The Syringe Exchange and the Kentucky Harm Coalition accompany a team that provides outreach to camps throughout Louisville multiple times each week, and the Salvation Army has concrete plans to replace small storage lockers with larger bins to meet the need. Meanwhile, RCS has been coordinating with community partners to seek solutions for needed respite care.

Although the COVID-19 pandemic has required service providers to change their operations, and in some cases reduce their services, it has also resulted in additional opportunities for service expansion. For example, even though providers have ceased to transport clients in their personal vehicles, recent CARES Act funding was allocated to new transportation services. The Salvation Army has implemented new shelters, including a day shelter that has expanded the availability of safe space 24 hours, filling an important gap as other spaces (e.g., public libraries) became unavailable due to COVID-19 closures.

Recommendations for further action:

Use every point of contact within the system to connect people with services. The additional funding and focus have allowed providers to tighten the net and help keep more people experiencing homelessness from slipping out of the reach of care. Even with the strains of a pandemic, providers at different points of care are identifying new ways to connect people to services. Still, opportunities remain to better identify clients' additional needs and guide them to appropriate help. For example, when the storage facility was located on the First Link property, outreach teams routinely used this opportunity to connect with and recommend services to people who weren't using (overnight or day) shelters. Additionally, continued training in trauma-informed care for all people at all points of contact with clients—from storage and security guards to check-ins to therapy—is one step toward making sure signals of distress and need aren't missed. Similarly, training in racial equity and bias should also be included to assist with racial trauma. Every point of contact must continue to be recognized as an important opportunity for building relationships and building trust toward the goal of greater awareness of and access to services.

View the system through the lens of racial equity. Camps are natural, feasible and necessary focal points for providers. Camp residents are also mostly white. Providers say Black and other non-white people experiencing homelessness are more scattered and may be less likely to know about available services, use services, or trust providers. Building relationships and finding new ways to reach our non-white homeless neighbors is a critical task. This means devising new ways and finding new people to help expand street outreach, as well as connecting with existing organizations and groups that may already be serving these communities (e.g., La Casita Center and Black Lives Matter Louisville). This work must continue in shelters, too—particularly the low-barrier shelter—where racism and fear of it can amplify tensions and fuel violence.

Cast a wide net in the search for best practices. As a CoC, Louisville providers attempt to stay current with best practices and what is being explored in other communities across the nation and world. With limited capacity to attend trainings and continuing education, providers might find ways in the existing meeting structure to disseminate that information broadly. Sharing new information with each other would generate discussion to problem-solve locally and translate into better services, as well as help providers as they seek grants and other support. For example, a lot of time is spent on the regular

outreach calls discussing individual cases of concern, at the expense of wider logistical planning that might be of greater benefit to these very people.

Encampment policies.

Progress: Homeless camps have appeared more pronounced as services and daytime businesses were restricted during the pandemic and protests. However, there has been increased outreach to assure that campers have the supplies they need. To support this effort, Louisville Metro placed portable toilets and handwashing stations in several key locations to increase access to hygiene facilities.

When Louisville Metro receives a call about a homeless camp, the response is a coordinated effort of multiple departments and outreach providers to assess the safety of the camp. Recognizing the city's shortage of shelter beds, the camps might be cleaned rather than cleared if they are not posing a risk of harm to the campers or the public. Despite this system, tents affiliated with downtown protests were cleared without notice, and camps located on private property remain subject to immediate clearance.

Recommendations for further action:

Efforts could and should be made toward further decriminalization of the encampments. Alternatives should also be considered to better respond to the needs of those living in camps. The most pressing option is to extend the encampment ordinance, as other cities have done, to require storage of all belongings when a camp is dismantled instead of allowing the destruction of residents' property. This could also include authorizing small, camping spaces or small, safe, secure parking areas for families living in cars.

Create a system of low-barrier shelters.

Progress: The demand for emergency shelter continues to outpace the number of beds offered in Louisville's CoC. There remains only one low-barrier shelter, located downtown, that hosts 100 beds, open to anyone in need, although this space has added some additional rules since its opening in December 2018. As this report notes, other service providers have worked to remove barriers for their clients, including streamlining rules or providing alternative solutions to permanently barring someone from their services.

Recommendations for further action:

Opportunities remain for improving the shelter system and reducing barriers for persons experiencing homelessness. Shelters are safer when they are smaller and are specialized to serve specific populations, such as families or those who identify as a member of the LGBTQ+ community. According to best practices, low-barrier shelters benefit from a high staff-to-client ratio, which enables them to provide trauma-informed care and support clients to create a plan tailored to their individual needs. Because residents of Metro Louisville may find themselves homeless in any ZIP code, they need a variety of access points geographically and a system that can personalize services to ensure that homelessness is only temporary.

Improve collaboration.

Progress: As this report describes in detail, communication and collaboration has improved throughout the past year, and providers have spent more time together brainstorming solutions for individual clients through outreach calls or in monthly meetings for city-funded programs. Service providers have learned more about the work and capacity offered by other organizations, and this collaboration has more thoroughly addressed client needs.

RCS has also started to connect with other government agencies more routinely to investigate gaps that may pose barriers to someone moving into housing quickly, or to collaborate on identifying solutions to larger community issues that allow homelessness to persist. In the upcoming year, efforts need to be made to include entities beyond the funded agencies in meetings about homeless services. Additionally, it is important to increase the involvement of sectors other than government and nonprofit service providers in identifying solutions to homelessness.

Recommendations for further action:

Better define roles and continue improving communication among providers. Although communication among the agencies and individuals has improved over the course of this initiative, a commonly mentioned wish was for greater clarity among providers about who is doing which jobs, and when. Establishing better, regular lines of communication to and through case managers would benefit all. In addition, it became clear over the course of this study that some providers expected more on-the-ground outreach from peers who are focused on different links in the service chain. Additional clarity on roles and expectations would smooth relations and improve service. Another space for improved communication highlighted in the participant interviews was between clients and case managers, particularly when clients are waiting to hear about housing or other critical services.

Foster more and smoother cooperation with volunteers and other groups. The increased collaboration in the community hasn't been limited to providers who received funding. Other relationships continue to grow. For example, coordinating efforts with two LMPD officers who are interested in helping and serving in a trauma-informed way was beneficial. These existing relationships could help to broaden awareness of the importance of decriminalizing homelessness and directing funds traditionally allocated for policing to critical community needs like preventing homelessness. Relationships and coordination with volunteer outreach groups need to be improved to cut duplication and help marshal appropriate services at the right times. Relationships with health-care providers should continue to be nurtured and expanded to meet the numerous health needs of the population.

Housing and community development.

Progress: Substantial affordable housing gaps persist, particularly for households earning 30% or less of the area median income. Metro Council considered a rental-housing ordinance that could have included source of income as a local protected class, among other protections for renters, but the ordinance was tabled in December 2019. Due to budget shortfalls, the Louisville Affordable Housing Trust Fund received \$5M in FY2020, compared to the \$10M that had been allocated in each of the two previous years. Louisville Metro Government and Louisville Metro Housing Authority collaborated to expand funding for home repair and down payment assistance in targeted neighborhoods to help prevent displacement. Additionally, Louisville Metro Government has allocated a portion of the funding (\$2.1M)

received through the federal CARES Act to the development and management of a community land trust.

Develop Louisville Offices of Planning and Design Services and Advanced Planning and Sustainability began an Equity Review of the Land Development Code, which included the “Advancing Equity: Removing Barriers to Equitable Development in Louisville Metro” report that was completed in Spring 2019. Develop Louisville also commissioned the Land Development Code Diagnosis, which focuses specifically on housing barriers present in the current code. The Equity Review process is ongoing, and Metro Council adopted a resolution supporting the process in August 2020.

Recommendations for further action:

A dedicated funding source for the LAHTF and CARES are needed to solidify Louisville’s commitment to funding affordable housing for its residents. Research shows developers desire certainty around these types of incentive programs, including long-term stable funding so they can plan projects with funding sources and requirements known upfront, reducing risks and costs.

Promote fair housing by including source of income as a local protected class. Given the prevalence of local poverty, it acts as a systematic barrier to securing housing for those in this “class.” Research shows this is one way to improve the utilization rates of Housing Choice Vouchers and prevent landlords from discriminating against persons using this housing subsidy to pay rent.

Address root causes of homelessness beyond housing.

Progress: Poverty is a consistent driver of homelessness. It continues without being formally addressed in Louisville (e.g., the minimum wage remains unchanged), and is likely to deepen with rising unemployment due to COVID-19. While a patchwork of local and federal moratoria along with rental assistance funds have mitigated the worst-case eviction scenario, housing remains generally unaffordable for Louisville’s lowest income households who remain extremely vulnerable to displacement. The criminal justice system continues to be a source of barriers to employment and housing.

Recommendations for further action:

Acknowledge and accept limitations, yet push for deeper changes. Overall, Louisville has experienced a positive evolution of homeless services in the past year, and the efforts have proven to improve outcomes. However, without adequately addressing root causes and truly vying for systemic changes, the rate of individuals entering homelessness will continue to outpace the rate of those who are able to find and maintain stable housing.

Address the root causes of homelessness, including affordable housing shortages and poverty. As this report documents, the funding provided by Louisville Metro Council has helped to improve the system for homeless service providers and better meet the needs of unsheltered persons experiencing homelessness. However, without additional resources directly targeting some of the root causes of homelessness--specifically, the severe shortage of housing that is affordable for people earning 30% or less of area median income, and overall high rates of poverty, which disproportionately affect Black residents and other non-white racial and ethnic groups.

Community education and engagement

Progress: One of the benefits of regular meetings this past year is that service providers have increased their knowledge about the availability of community resources and the roles that each agency plays in the Continuum of Care. As outreach has expanded, providers have been able to increasingly educate those experiencing homelessness about resources available to them. Other examples of expanded engagement include Street Count, an annual event held overnight each January, which was supported by a record number of volunteers. One faith community organized a workshop on compassionate encounters with persons experiencing homelessness that was presented to the public in March 2020. However, community engagement and education remain an important priority to dispel myths about homelessness and to gain support for resources to ensure housing is affordable for all. With the onset of COVID-19 and civil unrest, it is all the more important that Louisvillians recognize the need for affordable housing, the plight of people at risk of losing their housing, and how these challenges are tied to systemic racism.

Recommendations for further action:

Raise a unified voice to press for resources and attention for all providers. The clearing of big camps has pushed homelessness further into public view, spurring calls for action. But getting people off the streets and into a shelter is just the beginning of this process. People need consistent, reliable services and care once they are in the shelter and in housing. Explaining this to the public and city officials and winning their support for the entire course of care—from outreach to handing over the apartment keys—are solutions to ending the cycle of homelessness. The collaboration fostered in this initiative can help raise a unified voice from the homeless services community to press for this support.

Evaluate the outcomes of new policies and programs.

Progress: This report is evidence that this recommendation has been met. Evaluation of the programs funded by Louisville Metro Government will continue in FY2021.

Recommendations for further action:

Improve data collection, evaluation and awareness. Evaluation and awareness of data that is already collected (e.g., in HMIS) could be improved. Understanding the system and helping providers identify what they aren't already capturing needs to be among next steps. Arriving at a consistent method of collecting data at each stage of service—particularly with shelter entries and exits—would ease integration and evaluation of data, and speed analysis and beneficial action based on that data. At the same time, care must be taken to ensure data collection doesn't eat too much time better spent on service.

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